EXHIBIT

A

Coronavirus Disease

MENU >

People with Certain Medical Conditions
People with Certain Medical Conditions

Updated July 17, 2020

Summary of Recent Changes

Revisions were made on July 17, 2020 to reflect recent data supporting increased risk of severe COVID-19 among individuals with cancer. The listed underlying medical conditions in children were also revised to indicate that these conditions **might** increase risk to better reflect the quality of available data currently. We are learning more about COVID-19 every day, and as new information becomes available, CDC will update the information below.

People of any age with **certain underlying medical conditions** are at increased risk for severe illness from COVID-19:

People of any age with the following conditions **are at increased risk** of severe illness from COVID-19:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus

COVID-19 is a new disease. Currently there are limited data and information about the impact of underlying medical conditions and whether they increase the risk for severe illness from COVID-19. Based on what we know at this time, people with the following conditions **might be at an increased risk** for severe illness from COVID-19:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Pregnancy
- Pulmonary fibrosis (having damaged or scarred lung tissues)

- Smoking
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

Want to see the evidence behind these lists?

Children who have medical complexity, who have neurologic, genetic, metabolic conditions, or who have congenital heart disease might be at increased risk for severe illness from COVID-19 compared to other children.

The list of underlying conditions is meant to inform clinicians to help them provide the best care possible for patients, and to inform individuals as to what their level of risk may be so they can make individual decisions about illness prevention. We are learning more about COVID-19 every day. This list is a living document that may be updated at any time, subject to potentially rapid change as the science evolves.

Reduce your risk of getting COVID-19

It is especially important for people at increased risk of severe illness from COVID-19, and those who live with them, to protect themselves from getting COVID-19.

The best way to protect yourself and to help reduce the spread of the virus that causes COVID-19 is to:

- Limit your interactions with other people as much as possible.
- Take precautions to prevent getting COVID-19 when you do interact with others.

If you start feeling sick and think you may have COVID-19, get in touch with your healthcare provider within 24 hours.

Venturing out into a public setting? What to consider before you go.

As communities and businesses across the United States are opening, you may be thinking about resuming some activities, running errands, and attending events and gatherings. **There is no way to ensure you have zero risk of infection,** so it is important to understand the risks and know how to be as safe as possible.

People at increased risk of severe illness from COVID-19, and those who live with them, should consider their level of risk before deciding to go out and ensure they are taking steps to protect themselves. Consider avoiding activities where taking protective measures may be difficult, such as activities where social distancing can't be maintained. **Everyone should take steps to prevent getting and spreading COVID-19** to protect themselves, their communities, and people who are at increased risk of severe illness.

In general, **the more people you interact with, the more closely you interact with them, and the longer that interaction, the higher your risk of getting and spreading COVID-19.**

- If you decide to engage in public activities, continue to protect yourself by practicing everyday preventive actions.
- Keep these items on hand and use them when venturing out: a cloth face covering, tissues, and a hand sanitizer wit at least 60% alcohol, if possible.
- If possible, avoid others who are not wearing cloth face coverings or ask others around you to wear cloth face

- **Have at least a 30-day supply** of prescription and non-prescription medicines. Talk to a healthcare provider, insurer, and pharmacist about getting an extra supply (i.e., more than 30 days) of prescription medicines, if possible, to reduce your trips to the pharmacy.
- **Do not delay getting emergency care for your underlying medical condition** because of COVID-19. Emergency departments have contingency infection prevention plans to protect you from getting COVID-19 if you need care.
- **Call your healthcare provider if you have any concerns** about your underlying medical conditions or if you get sick and think that you may have COVID-19. If you need emergency help, call 911 right away.
- **If you don't have a healthcare provider,** contact your nearest community health center or health department.

Actions you can take based on your medical conditions and other risk factors

Asthma (moderate-to-severe)

Having moderate-to-severe asthma may increase your risk for severe illness from COVID-19.

Actions to take

- Follow your Asthma Action Plan.
- Keep your asthma under control.
- Continue your current medicines, including any inhalers with steroids in them ("steroids" is another word for corticosteroids).
- Make sure that you have at least a 30-day supply of your medicines.
- Know how to use your inhaler.
- Avoid your asthma triggers.
- Call your healthcare provider if you have concerns about your condition or feel sick.
- **If you don't have a healthcare provider,** contact your nearest community health center or health department.
- If possible, have another member of your household who doesn't have asthma clean and disinfect your house for you. When they use cleaning and disinfecting products, have them:
  - Make sure that people with asthma are not in the room.
  - Minimize use of disinfectants that can cause an asthma attack.
  - Open windows or doors and use a fan that blows air outdoors.
  - Always follow the instructions on the product label.
  - Spray or pour spray products onto a cleaning cloth or paper towel instead of spraying the product directly onto the cleaning surface (if the product label allows).

Learn more about asthma

EXHIBIT

B

Bureau of Prisons
Health Services
Clinical Encounter

Inmate Name: PARKE, CHARLES BERNARD			Reg #: 10211-046
Date of Birth: 04/25/1968	Sex: M	Race: WHITE	Facility: TRM
Encounter Date: 01/03/2020 07:30	Provider: Gulani, Saroj MD		Unit: K04

Chronic Care - 14 Day Physician Eval encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Gulani, Saroj MD

Chief Complaint: CARDIAC

Subjective: 52 yrs old , new arrival has ,hx of aortic valve replacement 2005 mechanical, and pulmonary valve replaced in 1993.
refuses to take anticoagulant medication since last 8 yrs , he been prescribe warfarin 4 mg , but he refuse to take , , he agree to take apxaban 5 mg Bid , no angina and no syncope, he denies chest pain OR SOB .

Pain: Not Applicable

COMPLAINT 2 **Provider:** Gulani, Saroj MD

Chief Complaint: HYPERTENSION

Subjective: Patient has mild H/O hypertension , he is on Lisinopril 20 mg,Lasix 20 mg , doing well , he denies chest pain or SOB , no dizziness

Pain: Not Applicable

COMPLAINT 3 **Provider:** Gulani, Saroj MD

Chief Complaint: GASTROINTESTINAL

Subjective: Pt has chronic esophageal reflex , doing well with prilosac

Pain: Not Applicable

Seen for clinic(s): Cardiac, Hypertension, Gastrointestinal

Added to clinic(s): Gastrointestinal

OBJECTIVE:

Pulse:

Date	Time	Rate Per Minute	Location	Rhythm	Provider
01/03/2020	11:00 TRM	87			Gulani, Saroj MD

Blood Pressure:

Date	Time	Value	Location	Position	Cuff Size	Provider
01/03/2020	11:00 TRM	116/75				Gulani, Saroj MD

SaO2:

Date	Time	Value(%)	Air	Provider
01/03/2020	11:00 TRM	98		Gulani, Saroj MD

Weight:

Date	Time	Lbs	Kg	Waist Circum.	Provider
01/03/2020	11:00 TRM	225.0	102.1		Gulani, Saroj MD

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3, Alert & Oriented to Person, Alert & Oriented to Place, Alert & Oriented to Time, Oriented to person, place and time

No: Appears Distressed, Jaundiced, Lethargic, Dyspneic

Inmate Name: PARKE, CHARLES BERNARD Reg#: 10211-046
Date of Birth: 04/25/1968 Sex: M Race: WHITE Facility: TRM
Encounter Date: 01/03/2020 07:30 Provider: Gulani, Saroj MD Unit: K04

Exam:

Nutrition

Yes: Appears Obese

Eyes

General

Yes: PERRLA, Extraocular Movements Intact

Pulmonary

Auscultation

No: Crackles, Inspiratory-Crackles, Expiratory-Crackles, Rhonchi, Wheezing, Inspiratory-Wheezing

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

Peripheral Vascular

General

Yes: Pitting Edema

No: Varicosities, Non-Pitting Edema

Abdomen

Palpation

Yes: Soft

No: Hepatomegaly, Splenomegaly

Musculoskeletal

Shoulder

Yes: Neurovascular Intact, Tenderness, Decreased Range of Active Motion, Decreased Range of Passive Motion

No: Full Range of Motion, Swelling

Ankle/Foot/Toes

Yes: Decreased Range of Active Motion, Decreased Range of Passive Motion

ASSESSMENT:

Heart valve transplant, V42.2 - Current

Long-term (current) use of anticoagulants, V58.61 - Current

Essential (primary) hypertension, I10 - Current

Gastro-esophageal reflux disease without esophagitis, K219 - Current

Gout, unspecified, M109 - Current

Patient's noncompliance with other medical treatment and regimen, Z9119 - Current

PLAN:

New Medication Orders:

Rx#	Medication	Order Date	Prescriber Order
	Indomethacin Capsule	01/03/2020 07:30	25mg Orally - three times a day x 60 day(s)

Indication: Gout, unspecified
Start Now: Yes
Night Stock Rx#:
Source: Pyxis

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
Family history of diabetes mellitus						
02/23/2016 07:20 EST SYSTEM FATHER AND BROTHER.	III	ICD-9	V18.0	Unknown	Resolved	
12/09/2009 14:02 EST Krieg, Lon DO FATHER AND BROTHER.	III	ICD-9	V18.0	Unknown		
Long-term (current) use of anticoagulants						
02/23/2016 07:20 EST SYSTEM on warfarin d/t mechanical valve Warfarin changed to pill-line only med per BOP guidelines and pt. signed refusal on 5/31/12.	III	ICD-9	V58.61	11/20/2009	Resolved	11/20/2009
07/09/2012 14:52 EST Hadaway, Sheila D.O. on warfarin d/t mechanical valve Warfarin changed to pill-line only med per BOP guidelines and pt. signed refusal on 5/31/12.	III	ICD-9	V58.61	11/20/2009	Current	11/20/2009
11/20/2009 18:56 EST Tangen, Katie PA-C on warfarin d/t mechanical valve	III	ICD-9	V58.61	11/20/2009	Current	11/20/2009
Examination of eyes and vision						
02/06/2017 08:30 EST Pearson, Mark MD order glasses, pt doesn't want bifocals	III	ICD-9	V72.0	08/09/2011	Resolved	02/06/2017
08/09/2011 10:58 EST Kidman, Mark O.D. order glasses, pt doesn't want bifocals	III	ICD-9	V72.0	08/09/2011	Current	08/09/2011
Body Mass Index 31.0-31.9, adult						
02/06/2017 08:30 EST Pearson, Mark MD IBW ~159# OR LESS.	III	ICD-9	V85.31	Unknown	Resolved	02/06/2017
09/03/2010 11:44 EST Hadaway, Sheila D.O. IBW ~159# OR LESS.	III	ICD-9	V85.31	Unknown	Remission	12/09/2009
12/09/2009 14:02 EST Krieg, Lon DO IBW ~159# OR LESS.	III	ICD-9	V85.31	Unknown	Current	12/09/2009
Body Mass Index 32.0-32.9, adult						
02/06/2017 08:30 EST Pearson, Mark MD With height of 66", IBW (for BMI 18.5-25) ~~115-154#.	III	ICD-9	V85.32	09/03/2010	Resolved	02/06/2017
10/13/2013 11:19 EST Hadaway, Sheila D.O. With height of 66", IBW (for BMI 18.5-25) ~~115-154#.	III	ICD-9	V85.32	09/03/2010	Remission	10/13/2013
06/10/2013 12:04 EST Hadaway, Sheila D.O. With height of 66", IBW (for BMI 18.5-25) ~~115-154#.	III	ICD-9	V85.32	09/03/2010	Current	06/10/2013
02/19/2013 15:29 EST Hadaway, Sheila D.O. With height of 66", IBW (for BMI 18.5-25) ~~115-154#.	III	ICD-9	V85.32	09/03/2010	Remission	02/19/2013
10/31/2012 13:32 EST Hadaway, Sheila D.O. With height of 66", IBW (for BMI 18.5-25) ~~115-154#.	III	ICD-9	V85.32	09/03/2010	Current	10/31/2012

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
03/22/2012 15:37 EST Hadaway, Sheila D.O. With height of 66", IBW (for BMI 18.5-25) ~~115-154#.	III	ICD-9	V85.32	09/03/2010	Remission	03/22/2012
09/03/2010 11:44 EST Hadaway, Sheila D.O. With height of 66", IBW (for BMI 18.5-25) ~~115-154#.	III	ICD-9	V85.32	09/03/2010	Current	09/03/2010
Body Mass Index 33.0-33.9, adult						
02/06/2017 08:30 EST Pearson, Mark MD Ht=65". Wt of 112-150# gives BMI ~18.5-25. IBW (per RD's chart) = 122-150#.	III	ICD-9	V85.33	03/22/2012	Resolved	02/06/2017
12/09/2013 16:09 EST Hadaway, Sheila D.O. Ht=65". Wt of 112-150# gives BMI ~18.5-25. IBW (per RD's chart) = 122-150#.	III	ICD-9	V85.33	03/22/2012	Current	10/13/2013
10/13/2013 11:19 EST Hadaway, Sheila D.O. Ht=66". Wt of 115-154# gives BMI ~18.5-25. IBW (per RD's chart) = 128-156#.	III	ICD-9	V85.33	03/22/2012	Current	10/13/2013
06/10/2013 12:04 EST Hadaway, Sheila D.O. Ht=66". Wt of 115-154# gives BMI ~18.5-25. IBW (per RD's chart) = 128-156#.	III	ICD-9	V85.33	03/22/2012	Remission	06/10/2013
02/19/2013 15:27 EST Hadaway, Sheila D.O. Ht=66". Wt of 115-154# gives BMI ~18.5-25. IBW (per RD's chart) = 128-156#.	III	ICD-9	V85.33	03/22/2012	Current	02/19/2013
10/31/2012 13:32 EST Hadaway, Sheila D.O. Ht=66". Wt of 115-154# gives BMI ~18.5-25. IBW (per RD's chart) = 128-156#.	III	ICD-9	V85.33	03/22/2012	Remission	10/31/2012
03/22/2012 15:37 EST Hadaway, Sheila D.O. Ht=66". Wt of 115-154# gives BMI ~18.5-25. IBW (per RD's chart) = 128-156#.	III	ICD-9	V85.33	03/22/2012	Current	03/22/2012
Body Mass Index 36.0-36.9, adult						
02/06/2017 08:30 EST Pearson, Mark MD Ht=65". Wt of 112-150# gives BMI ~18.5-25. IBW (per RD's chart) = 122-150#.	III	ICD-9	V85.36	07/14/2014	Resolved	02/06/2017
07/14/2014 10:24 EST Hadaway, Sheila D.O. Ht=65". Wt of 112-150# gives BMI ~18.5-25. IBW (per RD's chart) = 122-150#.	III	ICD-9	V85.36	07/14/2014	Current	07/14/2014
Body Mass Index 37.0-37.9, adult						
02/06/2017 08:30 EST Pearson, Mark MD Ht=65". Wt of 112-150# gives BMI ~18.5-25. IBW (per RD's chart) = 122-150#.	III	ICD-9	V85.37	12/09/2013	Resolved	02/06/2017
07/14/2014 10:24 EST Hadaway, Sheila D.O. Ht=65". Wt of 112-150# gives BMI ~18.5-25. IBW (per RD's chart) = 122-150#.	III	ICD-9	V85.37	12/09/2013	Remission	07/14/2014
12/09/2013 16:09 EST Hadaway, Sheila D.O.	III	ICD-9	V85.37	12/09/2013	Current	12/09/2013

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
Ht=65". Wt of 112-150# gives BMI ~18.5-25. IBW (per RD's chart) = 122-150#.						
Cell of prison as place of injury/occurrence						
05/10/2019 15:50 EST Propst, Sara FNP-C		ICD-10	Y92143	05/03/2019	Resolved	05/10/2019
05/03/2019 11:24 EST Propst, Sara FNP-C		ICD-10	Y92143	05/03/2019	Current	
Quarantine - asymptomatic person in quarantine						
02/08/2021 18:40 EST Morrison, V. FNP-BC 11/24/2020		ICD-10	Z0489-q	04/20/2020	Resolved	02/08/2021
11/27/2020 16:32 EST Morrison, V. FNP-BC 11/24/2020		ICD-10	Z0489-q	04/20/2020	Current	11/27/2020
05/13/2020 16:00 EST Dixon, Thomas RN/IDC/IOP		ICD-10	Z0489-q	04/20/2020	Resolved	05/13/2020
04/20/2020 19:59 EST Dixon, Thomas RN/IDC/IOP		ICD-10	Z0489-q	04/20/2020	Current	
Counseling, unspecified						
02/06/2017 08:30 EST Pearson, Mark MD NEGATIVE POST HIV TEST counseling		ICD-10	Z719	05/19/2016	Resolved	02/06/2017
05/19/2016 13:22 EST Rao, Samina PA NEGATIVE POST HIV TEST counseling		ICD-10	Z719	05/19/2016	Current	
Patient's noncompliance with other medical treatment and regimen						
02/06/2017 08:30 EST Pearson, Mark MD Refuses Coumadin stating he does not want to stay in pill line. Pt educated the need for Coumadin and expresses understanding.		ICD-10	Z9119	04/12/2016	Resolved	02/06/2017
04/12/2016 10:19 EST Rao, Samina PA Refuses Coumadin stating he does not want to stay in pill line. Pt educated the need for Coumadin and expresses understanding.		ICD-10	Z9119	04/12/2016	Current	

Total: 71

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
Family history of diabetes mellitus						
02/23/2016 07:20 EST SYSTEM FATHER AND BROTHER.	III	ICD-9	V18.0	Unknown	Resolved	
12/09/2009 14:02 EST Krieg, Lon DO FATHER AND BROTHER.	III	ICD-9	V18.0	Unknown		
Long-term (current) use of anticoagulants						
02/23/2016 07:20 EST SYSTEM on warfarin d/t mechanical valve Warfarin changed to pill-line only med per BOP guidelines and pt. signed refusal on 5/31/12.	III	ICD-9	V58.61	11/20/2009	Resolved	11/20/2009
07/09/2012 14:52 EST Hadaway, Sheila D.O. on warfarin d/t mechanical valve Warfarin changed to pill-line only med per BOP guidelines and pt. signed refusal on 5/31/12.	III	ICD-9	V58.61	11/20/2009	Current	11/20/2009
11/20/2009 18:56 EST Tangen, Katie PA-C on warfarin d/t mechanical valve	III	ICD-9	V58.61	11/20/2009	Current	11/20/2009
Examination of eyes and vision						
02/06/2017 08:30 EST Pearson, Mark MD order glasses, pt doesn't want bifocals	III	ICD-9	V72.0	08/09/2011	Resolved	02/06/2017
08/09/2011 10:58 EST Kidman, Mark O.D. order glasses, pt doesn't want bifocals	III	ICD-9	V72.0	08/09/2011	Current	08/09/2011
Body Mass Index 31.0-31.9, adult						
02/06/2017 08:30 EST Pearson, Mark MD IBW ~159# OR LESS.	III	ICD-9	V85.31	Unknown	Resolved	02/06/2017
09/03/2010 11:44 EST Hadaway, Sheila D.O. IBW ~159# OR LESS.	III	ICD-9	V85.31	Unknown	Remission	12/09/2009
12/09/2009 14:02 EST Krieg, Lon DO IBW ~159# OR LESS.	III	ICD-9	V85.31	Unknown	Current	12/09/2009
Body Mass Index 32.0-32.9, adult						
02/06/2017 08:30 EST Pearson, Mark MD With height of 66", IBW (for BMI 18.5-25) ~~115-154#.	III	ICD-9	V85.32	09/03/2010	Resolved	02/06/2017
10/13/2013 11:19 EST Hadaway, Sheila D.O. With height of 66", IBW (for BMI 18.5-25) ~~115-154#.	III	ICD-9	V85.32	09/03/2010	Remission	10/13/2013
06/10/2013 12:04 EST Hadaway, Sheila D.O. With height of 66", IBW (for BMI 18.5-25) ~~115-154#.	III	ICD-9	V85.32	09/03/2010	Current	06/10/2013
02/19/2013 15:29 EST Hadaway, Sheila D.O. With height of 66", IBW (for BMI 18.5-25) ~~115-154#.	III	ICD-9	V85.32	09/03/2010	Remission	02/19/2013
10/31/2012 13:32 EST Hadaway, Sheila D.O. With height of 66", IBW (for BMI 18.5-25) ~~115-154#.	III	ICD-9	V85.32	09/03/2010	Current	10/31/2012

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
03/22/2012 15:37 EST Hadaway, Sheila D.O. With height of 66", IBW (for BMI 18.5-25) ~~115-154#.	III	ICD-9	V85.32	09/03/2010	Remission	03/22/2012
09/03/2010 11:44 EST Hadaway, Sheila D.O. With height of 66", IBW (for BMI 18.5-25) ~~115-154#.	III	ICD-9	V85.32	09/03/2010	Current	09/03/2010
Body Mass Index 33.0-33.9, adult						
02/06/2017 08:30 EST Pearson, Mark MD Ht=65". Wt of 112-150# gives BMI ~18.5-25. IBW (per RD's chart) = 122-150#.	III	ICD-9	V85.33	03/22/2012	Resolved	02/06/2017
12/09/2013 16:09 EST Hadaway, Sheila D.O. Ht=65". Wt of 112-150# gives BMI ~18.5-25. IBW (per RD's chart) = 122-150#.	III	ICD-9	V85.33	03/22/2012	Current	10/13/2013
10/13/2013 11:19 EST Hadaway, Sheila D.O. Ht=66". Wt of 115-154# gives BMI ~18.5-25. IBW (per RD's chart) = 128-156#.	III	ICD-9	V85.33	03/22/2012	Current	10/13/2013
06/10/2013 12:04 EST Hadaway, Sheila D.O. Ht=66". Wt of 115-154# gives BMI ~18.5-25. IBW (per RD's chart) = 128-156#.	III	ICD-9	V85.33	03/22/2012	Remission	06/10/2013
02/19/2013 15:27 EST Hadaway, Sheila D.O. Ht=66". Wt of 115-154# gives BMI ~18.5-25. IBW (per RD's chart) = 128-156#.	III	ICD-9	V85.33	03/22/2012	Current	02/19/2013
10/31/2012 13:32 EST Hadaway, Sheila D.O. Ht=66". Wt of 115-154# gives BMI ~18.5-25. IBW (per RD's chart) = 128-156#.	III	ICD-9	V85.33	03/22/2012	Remission	10/31/2012
03/22/2012 15:37 EST Hadaway, Sheila D.O. Ht=66". Wt of 115-154# gives BMI ~18.5-25. IBW (per RD's chart) = 128-156#.	III	ICD-9	V85.33	03/22/2012	Current	03/22/2012
Body Mass Index 36.0-36.9, adult						
02/06/2017 08:30 EST Pearson, Mark MD Ht=65". Wt of 112-150# gives BMI ~18.5-25. IBW (per RD's chart) = 122-150#.	III	ICD-9	V85.36	07/14/2014	Resolved	02/06/2017
07/14/2014 10:24 EST Hadaway, Sheila D.O. Ht=65". Wt of 112-150# gives BMI ~18.5-25. IBW (per RD's chart) = 122-150#.	III	ICD-9	V85.36	07/14/2014	Current	07/14/2014
Body Mass Index 37.0-37.9, adult						
02/06/2017 08:30 EST Pearson, Mark MD Ht=65". Wt of 112-150# gives BMI ~18.5-25. IBW (per RD's chart) = 122-150#.	III	ICD-9	V85.37	12/09/2013	Resolved	02/06/2017
07/14/2014 10:24 EST Hadaway, Sheila D.O. Ht=65". Wt of 112-150# gives BMI ~18.5-25. IBW (per RD's chart) = 122-150#.	III	ICD-9	V85.37	12/09/2013	Remission	07/14/2014
12/09/2013 16:09 EST Hadaway, Sheila D.O.	III	ICD-9	V85.37	12/09/2013	Current	12/09/2013

Description	Axis	Code Type	Code	Diag. Date	Status	Status Date
Ht=65". Wt of 112-150# gives BMI ~18.5-25. IBW (per RD's chart) = 122-150#.						
Cell of prison as place of injury/occurrence						
05/10/2019 15:50 EST Propst, Sara FNP-C		ICD-10	Y92143	05/03/2019	Resolved	05/10/2019
05/03/2019 11:24 EST Propst, Sara FNP-C		ICD-10	Y92143	05/03/2019	Current	
Quarantine - asymptomatic person in quarantine						
02/08/2021 18:40 EST Morrison, V. FNP-BC 11/24/2020		ICD-10	Z0489-q	04/20/2020	Resolved	02/08/2021
11/27/2020 16:32 EST Morrison, V. FNP-BC 11/24/2020		ICD-10	Z0489-q	04/20/2020	Current	11/27/2020
05/13/2020 16:00 EST Dixon, Thomas RN/IDC/IOP		ICD-10	Z0489-q	04/20/2020	Resolved	05/13/2020
04/20/2020 19:59 EST Dixon, Thomas RN/IDC/IOP		ICD-10	Z0489-q	04/20/2020	Current	
Counseling, unspecified						
02/06/2017 08:30 EST Pearson, Mark MD NEGATIVE POST HIV TEST counseling		ICD-10	Z719	05/19/2016	Resolved	02/06/2017
05/19/2016 13:22 EST Rao, Samina PA NEGATIVE POST HIV TEST counseling		ICD-10	Z719	05/19/2016	Current	
Patient's noncompliance with other medical treatment and regimen						
02/06/2017 08:30 EST Pearson, Mark MD Refuses Coumadin stating he does not want to stay in pill line. Pt educated the need for Coumadin and expresses understanding.		ICD-10	Z9119	04/12/2016	Resolved	02/06/2017
04/12/2016 10:19 EST Rao, Samina PA Refuses Coumadin stating he does not want to stay in pill line. Pt educated the need for Coumadin and expresses understanding.		ICD-10	Z9119	04/12/2016	Current	

Total: 71

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Consultation/Procedure Requested: Radiology
Subtype: Off Site MRI
Location: Offsite
Ordered Date: 03/18/2020
Scheduled Target Date: 06/24/2020
Level Of Care: Medically Necessary - Non-Emergent
Reason for Request: 52 yo male with pain to L shoulder x 12 years. Now has limited range of motion- only able to lift up arm with other hand to less than 30 degrees. Needs MRI of L clavicle and L shoulder.
L shoulder xray done.
IMP:FINDINGS: There is chronic-appearing fragmentation at the distal left clavicle. Left glenohumeral joint
is unremarkable. There is no soft tissue abnormality. There is no radiographic evidence for acute
fracture. There is no joint space malalignment. Bone mineralization is normal for age.
IMPRESSION:
Chronic-appearing fragmentation of the distal left clavicle. Correlate for old fracture with nonunion.
Left glenohumeral joint unremarkable.
Provisional Diagnosis: L shoulder pain

Pending Consultation
No Data Found

Pending Results
No Data Found

Sickle Cell:
Sickle Cell Trait/Disease: No

Limitations/Restrictions/Diets:
Cell: lower bunk --- 01/07/2021
Other Physical Restrictions: LIGHT, REPETITIVE LIFTING IS PERMITTED. --
- permanent
Cleared for Food Service: No
MDS Comments: 10/20/2017- Medical idle due to history of significant cardiac surgeries, and deep fissures to feet. Expires 10/20/2021

Comments:
The inmate has been provided education on CDC guidance for persons in the community on how to protect themselves from COVID-19 transmission. This education includes, but is not limited to: hand washing, social distancing, wearing of facial coverings and self-assessment for signs and symptoms of COVID-19. Home Confinement provides the opportunity for the inmate to practice optimal infection prevention control measures, which may mitigate existing risks based on rates of transmission in the local area, and is likely not to increase the inmate's risk of contracting COVID-19.

Health Services Department has reviewed all information available and believe the conditions under which the inmate would be confined upon release to home confinement would present a lower risk of contracting COVID-19.

Inmate Parke's specific covid-19 risk factors are obesity, hypertension and heart valve transplant.

Allergies
Iodine

Devices / Equipment
Compression garment - leg
Medical Shoes

EXHIBIT

C

May 19, 2021
Declaration of
Charles B. Parke

I declare under penalty of perjury that, Based on measurements taken by myself and Terminal Island Medical Health Services, I currently weight 251 pounds

X Charles B. Parke
Charles Bernard Parke
San Pedro, California

EXHIBIT

D.

The Body Mass Index Formula

Metric Units

$$BMI = Weight(kg) / [Height(m)]^2$$

English Units

$$BMI = 703 \times Weight(lbs) / [Height(in)]^2$$

Conversion factor for lbs/in² to kg/m²

Vertex42.com

BMI Calculator for Men

Height	175 cm
Weight	85 kg
BMI	27.76
BMI Prime	1.11

Body Mass Index (BMI) Chart for Adults

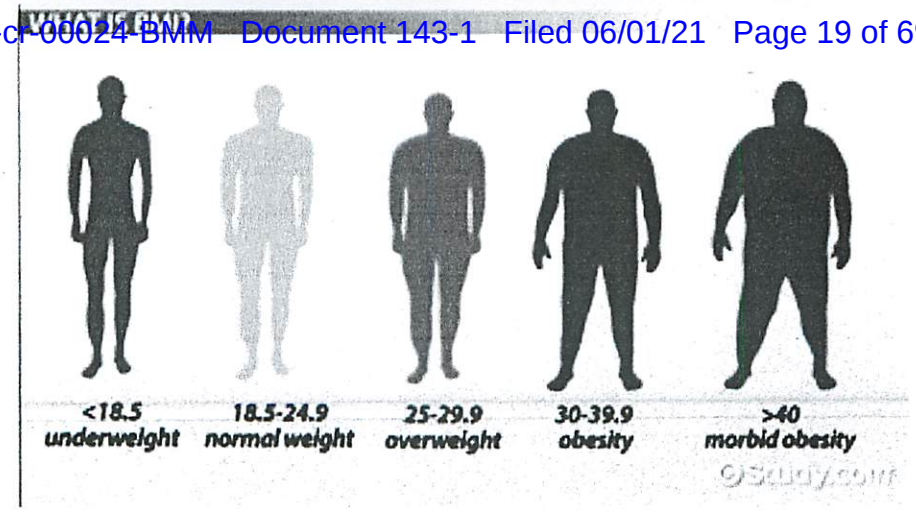
Obese (>30) | Overweight (25-30) | Normal (18.5-25) | Underweight (<18.5)

HEIGHT in feet/inches and centimeters

WEIGHT		4'8"	4'9"	4'10"	4'11"	5'0"	5'1"	5'2"	5'3"	5'4"	5'5"	5'6"	5'7"	5'8"	5'9"	5'10"	5'11"	6'0"	6'1"	6'2"	6'3"	6'4"	6'5"
lbs	(kg)	142cm		147	150	152	155	157	160	163	165	168	170	173	175	178	180	183	185	188	191	193	196
260	**(117.9)**	**58**	**56**	**54**	**53**	**51**	**49**	**48**	**46**	**45**	**43**	**42**	**41**	**40**	**38**	**37**	**36**	**35**	**34**	**33**	**32**	**32**	**31**
255	(115.7)	57	55	53	51	50	48	47	45	44	42	41	40	39	38	37	36	35	34	33	32	31	30
250	**(113.4)**	**56**	**54**	**52**	**50**	**49**	**47**	**46**	**44**	**43**	**42**	**40**	**39**	**38**	**37**	**36**	**35**	**34**	**33**	**32**	**31**	**30**	**30**
245	(111.1)	55	53	51	49	48	46	45	43	42	41	40	38	37	36	35	34	33	32	31	31	30	29
240	**(108.9)**	**54**	**52**	**50**	**48**	**47**	**45**	**44**	**43**	**41**	**40**	**39**	**38**	**36**	**35**	**34**	**33**	**33**	**32**	**31**	**30**	**29**	**28**
235	(106.6)	53	51	49	47	46	44	43	42	40	39	38	37	36	35	34	33	32	31	30	29	29	28
230	**(104.3)**	**52**	**50**	**48**	**46**	**45**	**43**	**42**	**41**	**39**	**38**	**37**	**36**	**35**	**34**	**33**	**32**	**31**	**30**	**30**	**29**	**28**	**27**
225	(102.1)	50	49	47	45	44	43	41	40	39	37	36	35	34	33	32	31	31	30	29	28	27	27
220	**(99.8)**	**49**	**48**	**46**	**44**	**43**	**42**	**40**	**39**	**38**	**37**	**36**	**34**	**33**	**32**	**32**	**31**	**30**	**29**	**28**	**27**	**27**	**26**
215	(97.5)	48	47	45	43	42	41	39	38	37	36	35	34	33	32	31	30	29	28	28	27	26	25
210	**(95.3)**	**47**	**45**	**44**	**42**	**41**	**40**	**38**	**37**	**36**	**35**	**34**	**33**	**32**	**31**	**30**	**29**	**28**	**28**	**27**	**26**	**26**	**25**
205	(93.0)	46	44	43	41	40	39	37	36	35	34	33	32	31	30	29	29	28	27	26	26	25	24
200	**(90.7)**	**45**	**43**	**42**	**40**	**39**	**38**	**37**	**35**	**34**	**33**	**32**	**31**	**30**	**30**	**29**	**28**	**27**	**26**	**26**	**25**	**24**	**24**
195	(88.5)	44	42	41	39	38	37	36	35	33	32	31	31	30	29	28	27	26	26	25	24	24	23
190	**(86.2)**	**43**	**41**	**40**	**38**	**37**	**36**	**35**	**34**	**33**	**32**	**31**	**30**	**29**	**28**	**27**	**26**	**26**	**25**	**24**	**24**	**23**	**23**
185	(83.9)	41	40	39	37	36	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	23	22
180	**(81.6)**	**40**	**39**	**38**	**36**	**35**	**34**	**33**	**32**	**31**	**30**	**29**	**28**	**27**	**27**	**26**	**25**	**24**	**24**	**23**	**22**	**22**	**21**
175	(79.4)	39	38	37	35	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21
170	**(77.1)**	**38**	**37**	**36**	**34**	**33**	**32**	**31**	**30**	**29**	**28**	**27**	**27**	**26**	**25**	**24**	**24**	**23**	**22**	**22**	**21**	**21**	**20**
165	(74.8)	37	36	34	33	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	21	20	20
160	**(72.6)**	**36**	**35**	**33**	**32**	**31**	**30**	**29**	**28**	**27**	**27**	**26**	**25**	**24**	**24**	**23**	**22**	**22**	**21**	**21**	**20**	**19**	**19**
155	(70.3)	35	34	32	31	30	29	28	27	27	26	25	24	24	23	22	22	21	20	20	19	19	18
150	**(68.0)**	**34**	**32**	**31**	**30**	**29**	**28**	**27**	**27**	**26**	**25**	**24**	**23**	**23**	**22**	**22**	**21**	**20**	**20**	**19**	**19**	**18**	**18**
145	(65.8)	33	31	30	29	28	27	27	26	25	24	23	23	22	21	21	20	20	19	19	18	18	17
140	**(63.5)**	**31**	**30**	**29**	**28**	**27**	**26**	**26**	**25**	**24**	**23**	**23**	**22**	**21**	**21**	**20**	**20**	**19**	**18**	**18**	**17**	**17**	**17**
135	(61.2)	30	29	28	27	26	26	25	24	23	22	22	21	21	20	19	19	18	18	17	17	16	16
130	**(59.0)**	**29**	**28**	**27**	**26**	**25**	**25**	**24**	**23**	**22**	**22**	**21**	**20**	**20**	**19**	**19**	**18**	**18**	**17**	**17**	**16**	**16**	**15**
125	(56.7)	28	27	26	25	24	24	23	22	21	21	20	20	19	18	18	17	17	16	16	16	15	15
120	**(54.4)**	**27**	**26**	**25**	**24**	**23**	**23**	**22**	**21**	**21**	**20**	**19**	**19**	**18**	**18**	**17**	**17**	**16**	**16**	**15**	**15**	**15**	**14**
115	(52.2)	26	25	24	23	22	22	21	20	20	19	19	18	17	17	16	16	16	15	15	14	14	14
110	**(49.9)**	**25**	**24**	**23**	**22**	**21**	**21**	**20**	**19**	**19**	**18**	**18**	**17**	**17**	**16**	**16**	**15**	**15**	**15**	**14**	**14**	**13**	**13**
105	(47.6)	24	23	22	21	21	20	19	19	18	17	17	16	16	16	15	15	14	14	13	13	13	12
100	**(45.4)**	**22**	**22**	**21**	**20**	**20**	**19**	**18**	**18**	**17**	**17**	**16**	**16**	**15**	**15**	**14**	**14**	**14**	**13**	**13**	**12**	**12**	**12**
95	(43.1)	21	21	20	19	19	18	17	17	16	16	15	15	14	14	14	13	13	13	12	12	12	11
90	**(40.8)**	**20**	**19**	**19**	**18**	**18**	**17**	**16**	**16**	**15**	**15**	**15**	**14**	**14**	**13**	**13**	**13**	**12**	**12**	**12**	**11**	**11**	**11**
85	(38.6)	19	18	18	17	17	16	16	15	15	14	14	13	13	13	12	12	12	11	11	11	10	10
80	**(36.3)**	**18**	**17**	**17**	**16**	**16**	**15**	**15**	**14**	**14**	**13**	**13**	**13**	**12**	**12**	**11**	**11**	**11**	**11**	**10**	**10**	**10**	**9**

Note: BMI values rounded to the nearest whole number. BMI categories based on CDC (Centers for Disease Control and Prevention) criteria.

BMI = Weight[kg] / (Height[m] x Height[m]) = 703 x Weight[lb] / (Height[in] x Height[in])



Adult Body Mass Index (BMI)

Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fatness.

To calculate BMI, see the Adult BMI Calculator or determine BMI by finding your height and weight in this BMI Index Chartexternal icon.

- If your BMI is less than 18.5, it falls within the underweight range.
- If your BMI is 18.5 to <25, it falls within the normal.
- If your BMI is 25.0 to <30, it falls within the overweight range.
- If your BMI is 30.0 or higher, it falls within the obese range.

Obesity is frequently subdivided into categories:

- Class 1: BMI of 30 to < 35
- Class 2: BMI of 35 to < 40
- Class 3: BMI of 40 or higher. Class 3 obesity is sometimes categorized as "extreme" or "severe" obesity.

Adult Body Mass Index (BMI)

Height	Weight Range	BMI	Considered
5'9"	124 lbs or less	Below 18.5	Underweight
	125 lbs to 168 lbs	18.5 to 24.9	Healthy weight
	169 lbs to 202 lbs	25.0 to 29.9	Overweight
	203 lbs or more	30 or higher	Obese
	271 lbs or more	40 or higher	Class 3 Obese

EXHIBIT

E


U.S. Department of Justice
Federal Bureau of Prisons
10211-046
PARKE
CHARLES
DOB: 04-25-1968 Eye: BL Ht: 5'06"
Vending
INMATE

People with Certain Medical Conditions

Updated Oct. 16, 2020

Summary of Recent Changes

Revisions were made on October 6, 2020 to reflect recent data supporting increased risk of severe illness from the virus that causes COVID-19 among adults with COVID-19 who have obesity, who have overweight, or who smoke or have a history of smoking. These revisions also make the document more explicit about data and implications for adults and for children. The listed underlying medical conditions in children were also revised to indicate that these conditions **might** increase risk to better reflect the quality of available data currently. This reflects the fact that there are less data available for children and does not imply that children are not at risk. We are learning more about COVID-19 every day, and as new information becomes available, CDC will update the information below.

Adults of any age with **certain underlying medical conditions** are at increased risk for severe illness from the virus that causes COVID-19:

Adults of any age with the following conditions **are at increased risk** of severe illness from the virus that causes COVID-19:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 kg/m^2 or higher but < 40 kg/m^2)
- Severe Obesity (BMI ≥ 40 kg/m^2)
- Sickle cell disease
- Smoking
- Type 2 diabetes mellitus

COVID-19 is a new disease. Currently there are limited data and information about the impact of underlying medical conditions and whether they increase the risk for severe illness from COVID-19. Based on what we know at this time, adults of any age with the following conditions **might be at an increased risk** for severe illness from the virus that causes COVID-19:

- Asthma (moderate-to-severe)
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Overweight (BMI > 25 kg/m^2, but < 30 kg/m^2)
- Pregnancy
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Thalassemia (a type of blood disorder)
- Type 1 diabetes mellitus

Overweight, Obesity and Severe Obesity

Having obesity, defined as a body mass index (BMI) between 30 kg/m² and <40 kg/m² or severe obesity (BMI of 40 kg/m² or above), increases your risk of severe illness from COVID-19. Having overweight, defined as a BMI > 25 kg/m² but less than 30 kg/m² might increase your risk of severe illness from COVID-19.

Actions to take

- Take your prescription medicines for overweight, obesity or severe obesity exactly as prescribed.
- Follow your healthcare provider's recommendations for nutrition and physical activity, while maintaining social distancing precautions.
- Call your healthcare provider if you have concerns or feel sick.
- **If you don't have a healthcare provider,** contact your nearest community health centerexternal icon or health department.

****

Immunocompromised state (weakened immune system) from blood, bone marrow, or organ transplant; HIV; use of corticosteroids; or use of other immune weakening medicines

Many conditions and treatments can cause a person to be immunocompromised or have a weakened immune system. These include: having a solid organ transplant, blood, or bone marrow transplant; immune deficiencies; HIV with a low CD4 cell count or not on HIV treatment; prolonged use of corticosteroids; or use of other immune weakening medicines. Having a weakened immune system may increase your risk of severe illness from COVID-19.

Actions to take

- Continue any recommended medicines or treatments and follow the advice of your healthcare provider.
- Do not stop taking your medicines without talking to your healthcare provider.
- Make sure that you have at least a 30-day supply of your medicines.
- Do not delay life-saving treatment or emergency care.
- Call your healthcare provider if you have concerns about your condition or feel sick.
- **If you don't have a healthcare provider,** contact your nearest community health centerexternal icon or health department.

****

Asthma (moderate-to-severe)

Having moderate-to-severe asthma may increase your risk for severe illness from COVID-19.

Actions to take

- Keep your asthma under control by following your Asthma Action Plan.
- Continue your current medicines, including any inhalers with steroids in them ("steroids" is another word for corticosteroids). Know how to use your inhaler. Avoid your asthma triggers.
- Make sure that you have at least a 30-day supply of your medicines.
- Call your healthcare provider if you have concerns about your condition or feel sick. **If you don't have a healthcare provider,** contact your nearest community health centerexternal icon or health department.
- Have another member of your household who doesn't have asthma clean and disinfect your house for you. When they use cleaning and disinfecting products, have them:
    - Make sure that people with asthma are not in the room.
    - Avoid using disinfectants known to trigger asthma attacks.
    - Open windows or doors and use a fan that blows air outdoors.
    - Always follow the instructions on the product label.
    - Spray or pour spray products onto a cleaning cloth or paper towel instead of spraying the product directly onto the cleaning surface (if the product label allows)

****

EXHIBIT

F

Bureau of Prisons

Health Services

Inmate Report Only (formerly labeled ISDS)

Reg #: 10211-046 Inmate Name: PARKE, CHARLES BERNARD

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

TB Clearance: Yes

Last PPD Date: _____ Induration: _____
Last Chest X-Ray Date: 01/10/2020 Results: negative
TB Treatment: _____ Sx free for 30 days: Yes
TB Follow-up Recommended: No

Transfer To: _____ Transfer Date: 10/06/2020

Health Problems

Health Problem	Status
LTBI Prophy Complete in BOP INH X 9 MOS., PER PT.	Current
Dermatophytosis [tinea, ringworm]	Current
Otitis media	Current
Essential (primary) hypertension On Coreg, Lasix, Lisinopril BP Date 173/69 2-8-17 169/88 1-19-18	Current
Gastro-esophageal reflux disease without esophagitis	Current
Cellulitis, unspecified	Current
Seborrheic dermatitis, unspecified head and torso; coal tar shampoo	Current
Gout, unspecified	Current
Pain in arm, unspecified L shoulder	Current
Rash and other nonspecific skin eruption chronic desquamation/fissuring; hyperhidrosis v. dermatophytosis plantar feet	Current
Fracture, Facial Bones left zygomatic arch fracture	Current
Fracture of clavicle old fracture L clavicle	Current
Heart valve transplant Aortic valve replaced with pulmonary valve, pulmonary valve replaced with cadaveric valve 1993. Aortic valve replaced with mechanical valve 2005.	Current
Long-term (current) use of anticoagulants Lifetime treatment with goal range of INR 2.0-3.0 Reason for anticoagulation: mechanical valve Pharmacy use Roche Diagnostics CoaguChek XS System with INR reference range 0.8-8.0.	Current
Coronavirus COVID-19 test negative	Current
Patient's noncompliance with other medical treatment and regimen 8-16-18 iFOBT refused Refuses chronic anticoagulation for mechanical aortic valve	Current

Medications: All medications to be continued until evaluated by a physician unless otherwise indicated. Bolded drugs required for transport.

Allopurinol 300 MG Tab Exp: 02/08/2021 SIG: Take one tablet (300 MG) by mouth each day
Aspirin 81 MG Tab Chewable Exp: 01/02/2021 SIG: Chew and swallow 1 tablet by mouth daily
Carvedilol 6.25 MG Tab Exp: 02/08/2021 SIG: Take one tablet (6.25 MG) by mouth twice daily
Coal Tar External Shampoo 2% 236ML Exp: 11/24/2020 SIG: Apply a small amount topically to the affected area(s) of scalp, leave on for 5 minutes then rinse

173

Furosemide 20 MG Tab Exp: 01/02/2021 SIG: Take one tablet (20 MG) by mouth each morning for edema to control blood pressure
Lisinopril 20 MG Tab Exp: 01/02/2021 SIG: Take one tablet (20 MG) by mouth each day to control blood pressure
Moisturin Cream 454 GM Exp: 10/17/2020 SIG: Apply a small amount topically to the affected area(s) to feet twice daily . Please start using after miconazole and lidex are completed. (1 tub for 30 days)

OTCs: Listing of all known OTCs this inmate is currently taking.
None

Pending Appointments:

Date	Time	Activity	Provider
01/03/2021	00:00	Chronic Care Visit	Physician 01

Non-Medication Orders:
No Data Found

Active Alerts:

Start Date	Alert	Stop Date	Comments
06/23/2010	Pre-medicate		Mechancal heart valve-2005
11/27/2009	Anticoagulant Therapy		

Consultations:

Pending Institutional Clinical Director Action
No Data Found

Pending UR Committee Action
No Data Found

Pending Regional Review Action
No Data Found

Pending Scheduling

Consultation/Procedure Requested: Cardiology
Subtype: Off Site Specialist -Testing
Location: Offsite
Ordered Date: 01/22/2020
Scheduled Target Date: 05/29/2020
Level Of Care: Medically Necessary - Non-Emergent
Reason for Request: Pt is seen by cardiologist on site on 1/10/20 ,, pt was on warfarin 4 mg for mechanical valve , but stop taking warfarin since 2015 , he is on aspirin only , Cardiologists recommended warfarin ,,patient require echo stress test in his office .
Provisional Diagnosis: Echocardiogram

Consultation/Procedure Requested: Optometry
Subtype: ON Site Specialist Visit
Location: OnSite
Ordered Date: 02/19/2020
Scheduled Target Date: 04/30/2020
Level Of Care: Medically Necessary - Non-Emergent
Reason for Request: Referred to doctor Kubo, Optometry
Provisional Diagnosis: 51yr old with poor vision , LEE 2yrs, Falls, Hx of Glaucoma

Consultation/Procedure Requested: Ophthalmology
Subtype: Off Site Specialist Visit
Location: Offsite
Ordered Date: 02/19/2020
Scheduled Target Date: 04/30/2020
Level Of Care: Medically Necessary - Non-Emergent
Reason for Request: Rx: Schedule VF+ RNFL at the office
Provisional Diagnosis: 51yr old with poor vision , LEE 2yrs, Falls, Hx of Glaucoma

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Consultation/Procedure Requested: Radiology
Subtype: Off Site MRI
Location: Offsite
Ordered Date: 03/18/2020
Scheduled Target Date: 06/24/2020
Level Of Care: Medically Necessary - Non-Emergent
Reason for Request: 52 yo male with pain to L shoulder x 12 years. Now has limited range of motion- only able to lift up arm with other hand to less than 30 degrees. Needs MRI of L clavicle and L shoulder.
L shoulder xray done.
IMP:FINDINGS: There is chronic-appearing fragmentation at the distal left clavicle. Left glenohumeral joint
is unremarkable. There is no soft tissue abnormality. There is no radiographic evidence for acute
fracture. There is no joint space malalignment. Bone mineralization is normal for age.
IMPRESSION:
Chronic-appearing fragmentation of the distal left clavicle. Correlate for old fracture with nonunion.
Left glenohumeral joint unremarkable.
Provisional Diagnosis: L shoulder pain

Pending Consultation
No Data Found

Pending Results
No Data Found

Sickle Cell:
Sickle Cell Trait/Disease: No

Limitations/Restrictions/Diets:
Cell: lower bunk --- 01/07/2021
Other Physical Restrictions: LIGHT, REPETITIVE LIFTING IS PERMITTED. ---- permanent
Cleared for Food Service: No
MDS Comments: 10/20/2017- Medical idle due to history of significant cardiac surgeries, and deep fissures to feet. Expires 10/20/2021

Comments:
Health Services Department has reviewed all information available and believe the conditions under which the inmate would be confined upon release to home confinement would present a lower risk of contracting COVID-19.

Inmate Parke's specific covid-19 risk factors are obesity, hypertension and heart valve transplant.

Allergies
Iodine

Devices / Equipment
Compression garment - leg
Medical Shoes

Travel:
Direct Travel: No
Travel Restrictions: None
UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE:

Transfer From Institution: TERMINAL ISLAND FCI
Address 1: 1299 SEASIDE AVENUE
Address 2:
City/State/Zip: SAN PEDRO, California 90731
Phone Number: 3108318961

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Name/Title of Person Completing Form: Otteh, Ignatius AHSA/RN Date: 10/06/2020

Inmate Name: PARKE, CHARLES BERNARD Reg #: 10211-046 DOB: 04/25/1968 Sex: M

Bureau of Prisons

Health Services

Inmate Report Only (formerly labeled ISDS)

Reg #: 10211-046 Inmate Name: PARKE, CHARLES BERNARD

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

TB Clearance: Yes

Last PPD Date: _____ Induration: _____
Last Chest X-Ray Date: 01/10/2020 Results: Negative
TB Treatment: _____ Sx free for 30 days: Yes
TB Follow-up Recommended: No

Transfer To: _____ Transfer Date: 11/23/2020

Health Problems

Health Problem	Status
LTBI Prophy Complete in BOP INH X 9 MOS., PER PT.	Current
Dermatophytosis [tinea, ringworm]	Current
Otitis media	Current
Essential (primary) hypertension On Coreg, Lasix, Lisinopril BP Date 173/69 2-8-17 169/88 1-19-18	Current
Gastro-esophageal reflux disease without esophagitis	Current
Cellulitis, unspecified	Current
Seborrheic dermatitis, unspecified head and torso; coal tar shampoo	Current
Gout, unspecified	Current
Pain in arm, unspecified L shoulder	Current
Rash and other nonspecific skin eruption chronic desquamation/fissuring; hyperhidrosis v. dermatophytosis plantar feet	Current
Fracture, Facial Bones left zygomatic arch fracture	Current
Fracture of clavicle old fracture L clavicle	Current
Heart valve transplant Aortic valve replaced with pulmonary valve, pulmonary valve replaced with cadaveric valve 1993. Aortic valve replaced with mechanical valve 2005.	Current
Long-term (current) use of anticoagulants Lifetime treatment with goal range of INR 2.0-3.0 Reason for anticoagulation: mechanical valve Pharmacy use Roche Diagnostics CoaguChek XS System with INR reference range 0.8-8.0.	Current
Coronavirus COVID-19 test negative	Current
Patient's noncompliance with other medical treatment and regimen 8-16-18 iFOBT refused Refuses chronic anticoagulation for mechanical aortic valve	Current

Medications: All medications to be continued until evaluated by a physician unless otherwise indicated. Bolded drugs required for transport.

Allopurinol 300 MG Tab Exp: 02/08/2021 SIG: Take one tablet (300 MG) by mouth each day
Aspirin 81 MG Tab Chewable Exp: 01/02/2021 SIG: Chew and swallow 1 tablet by mouth daily
Carvedilol 6.25 MG Tab Exp: 02/08/2021 SIG: Take one tablet (6.25 MG) by mouth twice daily
Coal Tar External Shampoo 2% 236ML Exp: 11/24/2020 SIG: Apply a small amount topically to the affected area(s) of scalp, leave on for 5 minutes then rinse

17

Furosemide 20 MG Tab Exp: 01/02/2021 SIG: Take one tablet (20 MG) by mouth each morning for edema to control blood pressure
Lisinopril 20 MG Tab Exp: 01/02/2021 SIG: Take one tablet (20 MG) by mouth each day to control blood pressure

OTCs: Listing of all known OTCs this inmate is currently taking.
None

Pending Appointments:

Date	Time	Activity	Provider
01/03/2021	00:00	Chronic Care Visit	Physician 01

Non-Medication Orders:
No Data Found

Active Alerts:

Start Date	Alert	Stop Date	Comments
06/23/2010	Pre-medicate		Mechancal heart valve-2005
11/27/2009	Anticoagulant Therapy		

Consultations:

Pending Institutional Clinical Director Action
No Data Found

Pending UR Committee Action
No Data Found

Pending Regional Review Action
No Data Found

Pending Scheduling

Consultation/Procedure Requested: Cardiology
Subtype: Off Site Specialist -Testing
Location: Offsite
Ordered Date: 01/22/2020
Scheduled Target Date: 05/29/2020
Level Of Care: Medically Necessary - Non-Emergent
Reason for Request: Pt is seen by cardiologist on site on 1/10/20 ,, pt was on warfarin 4 mg for mechanical valve , but stop taking warfarin since 2015 , he is on aspirin only , Cardiologists recommended warfarin ,,patient require echo stress test in his office .
Provisional Diagnosis: Echocardiogram

Consultation/Procedure Requested: Optometry
Subtype: ON Site Specialist Visit
Location: OnSite
Ordered Date: 02/19/2020
Scheduled Target Date: 04/30/2020
Level Of Care: Medically Necessary - Non-Emergent
Reason for Request: Referred to doctor Kubo, Optometry
Provisional Diagnosis: 51yr old with poor vision , LEE 2yrs, Falls, Hx of Glaucoma

Consultation/Procedure Requested: Ophthalmology
Subtype: Off Site Specialist Visit
Location: Offsite
Ordered Date: 02/19/2020
Scheduled Target Date: 04/30/2020
Level Of Care: Medically Necessary - Non-Emergent
Reason for Request: Rx: Schedule VF+ RNFL at the office
Provisional Diagnosis: 51yr old with poor vision , LEE 2yrs, Falls, Hx of Glaucoma

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Consultation/Procedure Requested: Radiology
Subtype: Off Site MRI
Location: Offsite
Ordered Date: 03/18/2020
Scheduled Target Date: 06/24/2020
Level Of Care: Medically Necessary - Non-Emergent
Reason for Request: 52 yo male with pain to L shoulder x 12 years. Now has limited range of motion- only able to lift up arm with other hand to less than 30 degrees. Needs MRI of L clavicle and L shoulder.
L shoulder xray done.
IMP:FINDINGS: There is chronic-appearing fragmentation at the distal left clavicle. Left glenohumeral joint
is unremarkable. There is no soft tissue abnormality. There is no radiographic evidence for acute
fracture. There is no joint space malalignment. Bone mineralization is normal for age.
IMPRESSION:
Chronic-appearing fragmentation of the distal left clavicle. Correlate for old fracture with nonunion.
Left glenohumeral joint unremarkable.
Provisional Diagnosis: L shoulder pain

Pending Consultation
No Data Found

Pending Results
No Data Found

Sickle Cell:
Sickle Cell Trait/Disease: No

Limitations/Restrictions/Diets:
Cell: lower bunk --- 01/07/2021
Other Physical Restrictions: LIGHT, REPETITIVE LIFTING IS PERMITTED. ---- permanent
Cleared for Food Service: No
MDS Comments: 10/20/2017- Medical idle due to history of significant cardiac surgeries, and deep fissures to feet. Expires 10/20/2021

Comments:
The inmate has been provided education on CDC guidance for persons in the community on how to protect themselves from COVID-19 transmission. This education includes, but is not limited to: hand washing, social distancing, wearing of facial coverings and self-assessment for signs and symptoms of COVID-19. Home Confinement provides the opportunity for the inmate to practice optimal infection prevention control measures, which may mitigate existing risks based on rates of transmission in the local area, and is likely not to increase the inmate's risk of contracting COVID-19.

Health Services Department has reviewed all information available and believe the conditions under which the inmate would be confined upon release to home confinement would present a lower risk of contracting COVID-19.

Inmate Parke's specific covid-19 risk factors are obesity, hypertension and heart valve transplant.

Allergies
Iodine

Devices / Equipment
Compression garment - leg
Medical Shoes

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Travel:

Direct Travel: No

Travel Restrictions: None

UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE:

Transfer From Institution: TERMINAL ISLAND FCI Phone Number: 3108318961

Address 1: 1299 SEASIDE AVENUE

Address 2:

City/State/Zip: SAN PEDRO, California 90731

Name/Title of Person Completing Form: Otteh, Ignatius AHSA/RN Date: 11/23/2020

Inmate Name: PARKE, CHARLES BERNARD Reg #: 10211-046 DOB: 04/25/1968 Sex: M

EXHIBIT

G

MEDICAL PRESS
JULY 13, 2020

Risk for COVID-19 increased for adults taking PPIs

(HealthDay)—Adults taking proton pump inhibitors (PPIs) have an increased risk for having a positive COVID-19 test, with evidence of a dose-response relationship, according to a study published online July 7 in preprint format in the *American Journal of Gastroenterology*.

Christopher V. Almario, M.D., from Cedars-Sinai Medical Center in Los Angeles, and colleagues examined whether use of PPIs increases the odds of acquiring COVID-19 among community-dwelling Americans who were surveyed from May 3 to June 24, 2020.

The researchers found that 6.4 percent of the 53,130 participants reported a positive COVID-19 test. Compared with those not taking PPIs, individuals using PPIs up to once daily or twice daily had significantly increased odds for reporting a positive COVID-19 test (odds ratios, 2.15 and 3.67, respectively). Risk was not elevated for individuals taking histamine-2 receptor antagonists.

"The highest risk is seen among individuals taking PPIs twice daily—a common practice in both primary and secondary care—as they are nearly four-times more likely to report COVID-19 positivity when compared to those not on PPIs," the authors write. "Since meta-analysis reveals that twice daily PPIs do not offer clinically meaningful benefits over once daily dosing for gastroesophageal reflux disease, our findings further emphasize that PPIs should only be used when clinically indicated at the lowest effective dose."

Several authors disclosed financial ties to the pharmaceutical and health care industries.

MEDICAL PRESS
JULY 15, 2020

Common heartburn drugs may be tied to higher COVID risk

by Alan Mozes, Healthday Reporter

(HealthDay)—Popular heartburn medications such as Prilosec (omeprazole) and Nexium (esomeprazole) may inadvertently up your chances of catching COVID-19, new research suggests.

An online survey of more than 53,000 Americans, all with a history of acid reflux, heartburn or GERD (gastroesophageal reflux disease) found that many took a proton pump inhibitor (PPI) to lower stomach acid levels.

Here's the bad news: More than 6% of the respondents also said they had tested positive for COVID. So the study team compared COVID diagnoses with medication habits.

The result: Those taking a PPI once a day saw their risk for contracting COVID double. Those taking a PPI twice a day saw their COVID infection risk nearly quadruple.

"PPI are very effective medicines for what they do, which is block acid in the stomach," explained study author Dr. Christopher Almario. He's an assistant professor of medicine at Cedars-Sinai Medical Center in Los Angeles.

"But there's a reason we have acid in the stomach—to digest food and to kill any bacteria we may ingest," Almario added.

Prior research has already linked PPI-triggered drops in stomach acid levels to an increased risk for gut infections, traveler's diarrhea and food poisoning. "That's been shown time and time again," Almario said.

Recent research also suggests that the coronavirus sheds in saliva, allowing it to be ingested into the stomach. And "in a significant number of patients, COVID does appear to affect the GI [gastrointestinal] system," he noted.

In that light, Almario and his colleagues decided to launch their survey. The results suggest a link between PPI use and a spike in COVID risk, but they do not prove that one causes the other.

There was a twist, however: Higher COVID risk was *not* seen among patients taking an alternative class of heartburn meds known as histamine-2 receptor antagonists (H2RAs). These include Pepcid (famotidine), Axid (nizatidine) and Tagamet (cimetidine).

This could have to do with the fact that "H2-blockers are for mild acid reflux symptoms," Almario noted. "They don't suppress acid as long or as strong as PPI." Also, a small new study published in the June 4 issue of *Gut* suggests that H2-blockers may actually help to relieve symptoms among those patients who do develop COVID.

So what should heartburn patients do?

The researchers stressed that more study is needed to confirm the survey findings. Meanwhile, Almario cautioned against altering drug regimens just to reduce COVID risk "because the main way to really prevent COVID is to follow good public health guidance. Which means hand washing, mask wearing and social distancing," he said.

"So yes, H2-blockers are certainly an alternative option for those with relatively mild acid reflux symptoms," said Almario. "But we're not telling people to stop their PPI immediately. I prescribe them all the time when there's a good reason to do so, and it can improve a patient's quality of life. But if it's not, then perhaps this is an opportunity to take them off the medicine, or to reduce the amount taken."

In fact, more is not always more when it comes to PPIs, Almario noted.

"There's a fair amount of literature that shows that twice daily doesn't really give you much more bang for your buck than once daily. The higher dose can be effective in some people, but for the majority there's not much increased benefit there. So we should aim, as I do, to use the lowest effective dose possible."

That thought was seconded by Dr. Andrew Chan, a spokesperson for the American Gastroenterological Association.

"In general, I do agree that individuals should take the lowest possible doses of medications such as PPI," said Chan, a professor of medicine at Harvard Medical School and vice chair of education and gastroenterology at Massachusetts General Hospital in Boston.

"However, some patients need to take their PPI twice a day to gain control of their symptoms. So it is important for each individual to weigh the risks and benefits of once-a-day versus twice-a-day dosing," he said.

As for a possible link between PPIs and COVID infection risk, Chan expressed little surprise. But he advised taking a wait-and-see approach.

"Based on the studies so far," said Chan, "it is definitely premature to recommend discontinuing or starting these medications in response to the pandemic."

Almario and his colleagues published their findings online July 7 in *The American Journal of Gastroenterology*.

TheScientist
EXPLORING LIFE, INSPIRING INNOVATION

Stomach Acid & Heartburn Drugs Linked with COVID-19 Outcomes

While sick with COVID-19, President Trump is taking an antacid. Doctors have been exploring whether these medicines can treat SARS-CoV-2 infections, and the results are mixed.

Ashley Yeager
Oct 7, 2020

The uncertainty of the COVID-19 pandemic has made our stomachs churn, and now, evidence suggests that intense heartburn may be linked with worse symptoms of the disease. Some drugs that neutralize stomach acid, such as famotidine, which President Donald Trump is taking, are associated with reduced severity, but others, such as Prilosec, correlate with higher infection rates and risk of death, at least in patients hospitalized with SARS-CoV-2 infections.

ABOVE: © ISTOCK.COM, BWFOLSOM

"Everyone has some level of acid reflux," says Helder Nakaya, a systems biologist at the University of São Paulo in Brazil who has been studying the link between stomach acid and SARS-CoV-2 infection. "But I want to be clear . . . we cannot claim that this increased risk of death would apply to everyone with reflux." The link does suggest that stomach acid might be a factor that's often overlooked when it comes to COVID-19, Nakaya says.

In a retrospective analysis posted on *medRxiv* of roughly 1,300 hospitalized COVID-19 patients, Nakaya and colleagues found that individuals taking proton-pump inhibitors, including Prilosec, had a two- to three-fold higher risk of death compared with hospitalized patients not taking those drugs. This observation falls in line with a study published in late August in the *American Journal of Gastroenterology* by doctors in the US that also found people taking a proton-pump inhibitor twice a day for acid reflux had higher odds of testing positive for SARS-CoV-2 compared with individuals taking that type of drug once a day or individuals who took a histamine-2 receptor blocker such as Pepcid AC.

Proton-pump inhibitors "may undermine the gastric barrier to SARS-CoV-2 entry and reduce microbial diversity in the gut," increasing patients' risk getting COVID-19, the US-based team writes in its report.

Another retrospective analysis published online in *Gastroenterology* in May found that in a cohort of 1,620 hospitalized patients, proton-pump inhibitors had no relationship to the patients' outcomes. Meanwhile, famotidine, which blocks the histamine-2 receptor on cells, correlated with a reduced risk of patients being intubated or dying from COVID-19.

Prior to analyzing that larger dataset, the authors had heard anecdotal evidence that famotidine might make COVID-19 symptoms less severe, and they'd heard that a few in vitro experiments also backed up the idea, study coauthor Joseph Conigliaro, the division chief of general internal medicine in the Department of Medicine at Northwell Health in Manhasset, New York, tells *The Scientist* in an email. In April, Northwell partnered with Alchem Laboratories and launched a randomized clinical trial to test whether giving up to 360 milligrams of famotidine intravenously to COVID-19 patients would improve their health outcomes compared with patients who received standard of care treatment. The trial later came under fire with a government whistleblower complaint for being hastily approved with little evidence and for the high doses of the drug being used, according to the Associated Press. Still, Northwell's research on famotidine continued.

"Neither the whistleblower complaint or the AP story had much of an effect on us. However, they are part of an overall trend to politicize Covid-19 clinical trials and prospective therapies that is deeply unfortunate," Matthew Libassi, a spokesperson for the Feinstein Institutes for Medical Research, the research arm of Northwell, writes in an email to *The Scientist*. "That trend concerns us as it makes it harder to conduct medical science research."

Despite the pushback, additional evidence for famotidine's role in fighting viruses has surfaced. A past study published in 1996 had shown that famotidine could reduce viral replication of HIV, and a more recent computational analysis published in May also suggested that the histamine blocker could have some antiviral properties—specifically, that it might inhibit a protease that processes proteins vital for SARS-CoV-2 replication.

The computational results offered "some biological plausibility" to the hypothesis that famotidine could reduce the severity of COVID-19, but "in the end I think the computational models do not tell the whole picture," Conigliaro says. That's why he and his colleagues conducted their retrospective study on patients admitted to the hospital between February 25 and April 13 (these patients were not part of Northwell's clinical trial testing famotidine). Analysis of the data revealed a distinct difference in the overall health outcomes of the patients taking famotidine compared with patients not given the drug. (Why the patients were given famotidine is not clear, though some had a history of gastric reflux and were taking the medication prior to being admitted to the hospital.)

"I expected a difference, but not so pronounced," Conigliaro says. "I was also surprised that doses as low as what was used is the retrospective study would work that well. We had anticipated that bigger doses would be needed." In the study, some patients received up to 20 milligrams of famotidine per day for five days intravenously, while others received it orally; when used for acid reflux, patients can take as much as 160 milligrams four times a day. Those who got the drug in the hospital fared better than those who did not, the study found.

Julian Abrams, a gastroenterologist at Columbia University Irving Medical Center-New York Presbyterian Hospital and a collaborator of Conigliaro, notes that the link between famotidine and reduced severity of COVID-19 is still only correlational at this point, but nevertheless warrants more attention.

Stomach acid and *ACE2*

Nakaya's work offers a bit more insight into potential mechanisms. He and his team weren't initially planning to look at the relationship between antacids and COVID-19 at all. Their project began as an offshoot of another one that Nakaya's graduate student, Leandro Jimenez, had started. Jimenez had been analyzing the transcriptome data of patients with Barrett's esophagus, a condition in which acid reflux causes damage to the lining of the esophagus.

The data from biopsies and a gene expression repository revealed increased expression of the gene *ACE2*, which encodes a cell surface protein that SARS-CoV-2 uses to enter human cells, in individuals with Barrett's esophagus compared with individuals who did not have the condition. That increased gene activity was tied to regulation of intracellular pH pathways, specifically, their enrichment. That connection suggests increased *ACE2* expression is linked with lower pH inside cells, possibly a result of exposure to stomach acid.

"And that raised a flag," Nakaya says, which led his team to hypothesize that Barrett's esophagus, as well as gastroesophageal reflux disease (GERD), may be a comorbidities of COVID-19 that hadn't been identified before.

To test the link between stomach acid and SARS-CoV-2 infectivity, Nakaya's team exposed human monocytes in cell culture to different pH conditions and then to SARS-CoV-2. The researchers used these immune cells because they are known to be susceptible to infection by the coronavirus, Nakaya says. Under normal oxygen levels, the cells in culture with a pH lower than 7.4 had a higher expression of *ACE2* and also a higher viral load. The result indicates that intracellular pH may influence the ability of SARS-CoV-2 to infect cells and replicate within them.

But it wasn't clear, says Nakaya, that the finding would have any clinical relevance, so the team dug into the medical records of patients in Manaus and São Paulo, Brazil, who had been hospitalized for COVID-19 and found that

proton-pump inhibitors correlated with an increased risk of death. That association, Nakaya says, suggests that it might not be the drugs themselves that lead to worsening COVID-19 symptoms, but instead that the proton-pump inhibitors are, the team writes, "important markers of hidden comorbidities that involve the damage caused by the excess stomach acid in GI tissues." In other words, the low pH that cells are dealing with—and that patients are trying to treat with a proton-pump inhibitor—might make the cells more vulnerable to SARS-CoV-2 infection.

The results, however, don't explain why famotidine correlated with better outcomes in Conigliaro and Abrams's study, supposing the drug is also used to suppress stomach acid. "We don't think that stomach acid is the explanation for the findings," says Abrams. "We really don't know why we found what we did."

The past work on HIV and the computational analysis suggest that famotidine works as an antiviral, and a study published today (October 7) also supports that idea. The research shows that ranitidine bismuth citrate, another histamine antagonist and antibiotic combo used to treat stomach acid, suppresses SARS-CoV-2 replication in infected golden Syrian hamsters and improves their virus-related pneumonia symptoms. But famotidine, Conigliaro says, may have benefits other than being antiviral; it may actually prevent patients' immune systems from overreacting to a SARS-CoV-2 infection and causing a life-threatening cytokine storm. There's some evidence for this from an observational study in which patients severely ill with COVID-19 were given a cocktail of histamine blockers, one of which was famotidine, and had better outcomes than did patients receiving the standard of care whose cases were reported elsewhere. Those data and other research "seem to suggest that the anti-histamine effect is what prevents patients from getting the cytokine storm," Conigliaro explains, noting that cells with the histamine-2 receptor are in the lungs as well as the stomach.

The results from those studies and his team's work, he says, bolster the case for the clinical trial launched last spring to test famotidine as a treatment for COVID-19, results of which are still pending. The Department of Defense under the Discovery of Medical Countermeasures Against Novel Entities, or DOMANE, program is also studying famotidine as a COVID-19 treatment, according to *Vanity Fair*, and another famotidine trial in Bangladesh is also now recruiting patients.

"Most people's attention is shifting towards vaccines rather than treatments," Abrams says, but "with President Trump having COVID, that brings to light again the issue of treatments, especially since he was getting famotidine."

Keywords:

ace2, Acidity, cell & molecular biology, cell culture, coronavirus, COVID-19, disease & medicine, gene expression analysis, genetics & genomics, News, pandemic, pH, SARS-CoV-2

TIME

Popular Heartburn Drugs Linked to Heightened COVID-19 Risk

BY **ALICE PARK** https://twitter.com/aliceparkny

JULY 7, 2020 9:00 AM EDT

A popular form of heartburn medication may increase a person's risk of developing COVID-19, according to a new study, lengthening the already long list of risk factors for the virus.

In the study, published Tuesday in pre-print form in the *American Journal of Gastroenterology,* scientists led by Cedars-Sinai Medical Center's Dr. Brennan Spiegel conducted an online survey involving more than 86,000 people. Among them, more than 53,000 reported abdominal pain or discomfort, acid reflux, heartburn or regurgitation, and answered questions about the medications they took to relieve those symptoms. Of those, more than 3,300 tested positive for COVID-19.

When the researchers analyzed the data, they found that respondents who said they used proton pump inhibitor (PPI) medications to treat their heartburn had anywhere from two to nearly four times the risk of testing positive for COVID-19, compared to people not using such medications. PPI drugs, which are available by prescription and over the counter, work by turning off the pumps in cells that release acid into the stomach. They can be taken once or twice a day; people taking PPI medications twice a day had a higher risk of infection compared to those taking them once a day.

Spiegel, who is also editor-in-chief of the *American Journal of Gastroenterology*, says the results aren't necessarily surprising. Previous studies have found that people taking PPI medications can be at higher risk of certain infections, including *C.difficile* (common in hospitals). That's because the drugs reduce stomach acid, and acid is one way the body kills off potentially harmful bacteria and viruses. However, Spiegel was surprised at "just how large the effect seemed to be."

"We found a biological gradient where the stronger the medicine, the higher the dose, the higher the effect for COVID-19," he says.

The gut, which includes the stomach and intestines, can be considered one of the body's largest immune organs. If the gut's normal environment is altered—as it can be when taking heartburn medications—that may turn it into fertile ground for viruses like SARS-CoV-2, which is responsible for COVID-19.

"Viruses like SARS-CoV-2 are capable of hijacking the gastrointestinal tract quickly; we know that," says Spiegel. "It can invade, replicate and multiply efficiently. There is even a theory that maybe it uses the intestines as a kind of home base where it entrenches itself and then spreads throughout the body."

While people who take PPIs showed an increased risk of COVID-19 infection compared to those who don't, the absolute risk is still small. That means people taking PPIs shouldn't immediately stop doing so for fear of contracting the virus without first consulting with their doctor. There are ways PPI users may be able to reduce their risk, too. Studies have shown, for example, that taking the drugs once a day is as effective as taking them twice a day. Since Spiegel's study suggests that higher doses bring increased risk, people should discuss with their doctors whether reducing their daily dosage might make sense.

Meanwhile, other acid-controlling drugs don't seem to have the same heightened risk of COVID-19 infection. In Spiegel's study, people taking H2 blockers, for example, did not show greater risk of infection (H2 blockers, which include Pepcid and Zantac, work by blocking receptors on stomach tissue cells that trigger acid production). However, the U.S. Food and Drug Administration in April requested that manufacturers remove prescription and over the counter H2 blockers containing ranitidine from the market after an investigation revealed that they contained a contaminant linked to cancer. The request applied to Zantac, but not Pepcid, which contains a different acid-blocking chemical called famotidine.

For people who need to take PPIs to control heartburn, Spiegel says their doctors should remind them of their heightened risk of infections of any kind, including COVID-19. And his team's findings also reinforce public health advice about taking proper precautions to protect against the virus.

"If you're worried about getting COVID-19, the best thing to do is to wash your hands, wear a mask, socially distance and do all the basic blocking and tackling public health measures," says Spiegel. "They are way more important than immediately stopping PPIs."

EXHIBIT

H.

Los Angeles Times

Mistakes worsened deadly COVID-19 outbreak at L.A. federal prison, investigation finds

Richard Winton 1/13/2021

A new report from the Department of Justice's Office of the Inspector General paints a dire picture of problems that exacerbated a deadly coronavirus outbreak last year at Terminal Island federal prison.

© (Christina House / Los Angeles Times) Terminal Island federal prison in San Pedro is seen in April 2020. (Christina House / Los Angeles Times)

The report, released Wednesday, found that officials at the low-security prison in San Pedro struggled to keep inmates socially distanced and did not adequately quarantine those who tested positive for the virus, which ultimately infected more than 70% of the prison population and killed 10 inmates.

Investigators found that the prison failed to identify the virus early in many of those who eventually died and that five of the 10 "did not receive a COVID-19 test until after staff sent them to the hospital."

Terminal Island officials told the inspector general's investigators that three of those five inmates did not initially show COVID-19 symptoms and that staff sent the other two inmates to the hospital the same day that prison officials identified their symptoms. Terminal Island's outbreak remains the third-deadliest in the massive federal prison system. Eight of those who died had preexisting medical conditions, and six were older than 65.

The report said the prison failed to properly notify the families of those who died, and in some cases, family members only learned of the COVID deaths in the media.

"Terminal Island staff did not comply with [Bureau of Prisons] policy to notify the families of inmates with serious illness in one instance, in which an inmate who ultimately died was on a ventilator in the hospital for 6 days due to COVID-19," the report noted. That policy requires a warden or a designee to contact the next of kin to explain the circumstances of a death. In the case of Terminal Island, the chaplain was supposed to perform that duty but failed to do so after two inmate deaths, never informing their families that the inmates had been infected with COVID-19, according to the report.

The acting inspector general noted that officials from the Bureau of Prisons' Central Office and Western Regional Office told investigators "that the institution's lack of notification was an oversight. However, institution staff told us that they never informed that inmate's and one additional inmate's family that the inmate had been infected with COVID-19 because they did not deem it relevant."

Terminal Island is one of several prisons, housing 152,000 inmates, and 40,000 prison workers the inspector general examined in response to the pandemic.

The report found that Terminal Island officials struggled to maintain social distancing between inmates in the low-security prison, where movement is less restricted than at higher security facilities. It noted that nearly half of the staff indicated that inmates were not adequately quarantined.

The warden told investigators that the staff and inmates had adequate protection, including face masks, as the virus rampaged through the prison. But the inspector general survey of staff found that 60% indicated the staff did not have enough personal protective equipment such as gloves, surgical masks, gowns and face shields. Some 84% of the staff cited an additional need for equipment, a much higher number than at any other prison the office surveyed.

In response to the report's draft, Bureau of Prisons officials said Terminal Island was one of the first prisons to institute mass testing and that test results came back in batches rather than all at once. For security reasons and because of fears that those who tested positive would be assaulted, they wait until they received all the results before moving prisoners from the two dormitories where inmates who tested positive and negative remained housed.

The bureau said that prison staff now reaches out to every emergency contact on file for all inmates hospitalized with COVID-19 and inmates are allowed to call the emergency contact weekly.

This story originally appeared in Los Angeles Times.

EXIBIT

I

U.S. Department of Justice
Federal Bureau of Prisons

FOR IMMEDIATE RELEASE
August 26, 2020

Contact: Office of Public Affairs
202-514-6551

Inmate Death at FMC Carswell

WASHINGTON, D.C.: On Thursday, July 3, 2020, inmate Marie Neba tested positive for COVID-19 at the Federal Medical Center (FMC) Carswell, in Fort Worth, Texas, and was immediately placed in isolation. On Tuesday, August 4, 2020, Ms. Neba was considered recovered by medical staff as determined by CDC guidelines. On Monday, August 10, 2020, Ms. Neba was evaluated by institutional medical staff for abdominal pain and shortness of breath, and was admitted to the facility's Nursing Care Unit. On Wednesday, August 12, 2020, she was transported to a local hospital for further treatment and evaluation. While at the hospital, her condition declined, and on Monday, August 24, 2020, she was placed on a ventilator. On Tuesday, August 25, 2020, Ms. Neba, who had long-term, preexisting medical conditions, which the CDC lists as risk factors for developing more severe COVID-19 disease, was pronounced dead by hospital staff.

Ms. Neba was a 56-year-old female who was sentenced in the Southern District of Texas to a 900-month sentence for Conspiracy to Commit Health Care Fraud, Health Care Fraud, Aiding and Abetting, False Statements Relating to Health Care Matters, Conspiracy to Pay and Receive Health Care Kickbacks, Payment and Receipt of Health Care Kickbacks, and Conspiracy to Commit the Laundering of Monetary Instruments. Ms. Neba had been in custody at FMC Carswell since September 26, 2017.

FMC Carswell is an Administrative facility that currently houses 1301 female offenders.

The Bureau of Prisons will continue to provide daily updates and information on actions related to COVID-19 at www.bop.gov/coronavirus/index.jsp.

Additional information about the Bureau of Prisons can be found at www.bop.gov.

###

EXIBIT

J

U.S. Department of Justice
Federal Bureau of Prisons

FOR IMMEDIATE RELEASE
April 19, 2020

Contact: Office of Public Affairs
202-514-6551

Inmate Death at FCI Terminal Island

WASHINGTON, D.C.: On Wednesday, April 8, 2020, inmate Michael Fleming tested positive for COVID-19 in the institution infirmary at the Federal Correctional Institution (FCI) Terminal Island in San Pedro, California. Institution medical staff provided treatment and monitored his condition. On Saturday, April 11, 2020, he was transported to a local hospital for further treatment and evaluation. While at the local hospital, his condition declined and he was placed on a ventilator on Monday, April 13, 2020. On Sunday, April 19, 2020, Mr. Fleming, who had long-term, pre-existing medical conditions which the CDC lists as risk factors for developing more severe COVID-19 disease, was pronounced dead by hospital staff.

Mr. Fleming was a 59 year-old male who was sentenced in the District of Wyoming to a 240-month sentence for Conspiracy to Possess with Intent to Distribute and to Distribute Methamphetamine. He had been in custody at FCI Terminal Island since January 31, 2017.

FCI Terminal Island is a Low security facility that currently houses 1,066 male offenders in San Pedro, California.

The Bureau of Prisons will continue to provide daily updates and information on actions related to COVID-19 at www.bop.gov/coronavirus/index.jsp

Additional information about the Bureau of Prisons can be found at www.bop.gov.

###

U.S. Department of Justice
Federal Bureau of Prisons

FOR IMMEDIATE RELEASE
April 15, 2020

Contact: Office of Public Affairs
202-514-6551

Inmate Death at FCI Terminal Island

WASHINGTON, D.C.: On Sunday, April 12, 2020, inmate Bradley James Ghilarducci reported to the Health Services Department at the Federal Correctional Institution (FCI) Terminal Island, in San Pedro, California. Mr. Ghilarducci was evaluated by institutional medical staff and transported to a local hospital for further treatment and evaluation for generalized weakness and syncopal episodes, and testing for COVID-19. On April 13, 2020, Mr. Ghilarducci, who had long-term, pre-existing medical conditions, which the CDC lists as risk factors for developing more severe COVID-19 disease, was pronounced dead by hospital staff. On April 15, 2020, test results confirmed Mr. Ghilarducci was positive for COVID-19.

Mr. Ghilarducci was a 73-year-old male who was sentenced in the Eastern District of California to a 97-month sentence for Receipt and Distribution of a Visual Depiction of a Minor Engaged in Sexually Explicit Conduct. He had been in custody at FCI Terminal Island since August 6, 2014.

FCI Terminal Island is a Low security facility that currently houses 1,078 male offenders in San Pedro, California.

The Bureau of Prisons will continue to provide daily updates and information on actions related to COVID-19 at www.bop.gov/coronavirus/index.jsp

Additional information about the Bureau of Prisons can be found at www.bop.gov.

###

U.S. Department of Justice
Federal Bureau of Prisons

FOR IMMEDIATE RELEASE
May 9, 2020

Contact: Office of Public Affairs
202-514-6551

Inmate Death at FCI Terminal Island

WASHINGTON, D.C.: On Tuesday, April 14, 2020, inmate Scott Douglas Cutting, Sr., was sent to the local hospital from the Federal Correctional Institution (FCI) Terminal Island, in San Pedro, California, due to shortness of breath, hypoxia, and other symptoms. His condition continued to decline, and on Wednesday, April 15, 2020, Mr. Cutting was placed on a ventilator. On Thursday, April 16, 2020, Mr. Cutting tested positive for COVID-19. On Saturday, May 9, 2020, Mr. Cutting, who had long-term, pre-existing medical conditions, which the CDC lists as risk factors for developing more severe COVID-19, was pronounced dead by hospital staff.

Mr. Cutting was a 70 year-old male who was sentenced in the Central District of California to a 26-month sentence for Aiding and Assisting in the Preparation of False Tax Returns. He had been in custody at FCI Terminal Island since January 7, 2020.

FCI Terminal Island is a low security facility that currently houses 1,042 male offenders in San Pedro, California.

The Bureau of Prisons will continue to provide daily updates and information on actions related to COVID-19 at www.bop.gov/coronavirus/index.jsp

Additional information about the Bureau of Prisons can be found at www.bop.gov.

###

U.S. Department of Justice
Federal Bureau of Prisons

FOR IMMEDIATE RELEASE
April 30, 2020

Contact: Office of Public Affairs
202-514-6551

Inmate Death at FCI Terminal Island

WASHINGTON, D.C.: On Wednesday, April 15, 2020, inmate Stephen Cino, who was being treated and evaluated in the institution infirmary at the Federal Correctional Institution (FCI) Terminal Island, in San Pedro, California, was transported to a local hospital for further treatment and evaluation. On Monday, April 20, 2020, his condition declined and he was placed on a ventilator. On Thursday, April 23, 2020, while at the local hospital, Mr. Cino tested positive for COVID-19. On Wednesday, April 29, 2020, Mr. Cino, who had long-term, pre-existing medical conditions which the CDC lists as risk factors for developing more severe COVID-19 disease, was pronounced dead by hospital staff.

Mr. Cino was a 54 year-old male who was sentenced in the Western District of Virginia to a 292-month sentence for Conspiracy to Distribute Oxycodone Buprenorphine and Fifty Grams or More of Methamphetamine; Use of a Communication Facility in Distributing a Controlled Substance and Conspiracy to Commit Money Laundering. He had been in custody at FCI Terminal Island since January 14, 2020.

FCI Terminal Island is a Low security facility that currently houses 1,051 male offenders in San Pedro, California.

The Bureau of Prisons will continue to provide daily updates and information on actions related to COVID-19 at www.bop.gov/coronavirus/index.jsp

Additional information about the Bureau of Prisons can be found at www.bop.gov.

###

U.S. Department of Justice
Federal Bureau of Prisons

FOR IMMEDIATE RELEASE
May 13, 2020

Contact: Office of Public Affairs
202-514-6551

Inmate Death at FCI Terminal Island

WASHINGTON, D.C.: On Thursday, April 16, 2020, inmate James Lino was sent to the local hospital from the Federal Correctional Institution (FCI) Terminal Island, in San Pedro, California, due to shortness of breath, coughing, generalized weakness and other symptoms, and testing positive for COVID-19. On Saturday, April 18, 2020, his condition declined and he was placed on a ventilator. On May 13, 2020, Mr. Lino, who had long-term, pre-existing medical conditions, which the CDC lists as risk factors for developing more severe COVID-19 disease, was pronounced dead by hospital staff.

Mr. Lino was a 65 year-old male who was sentenced in the District of Hawaii to a 34-month sentence for Conspiracy to Distribute and Possess Fifty Grams or More of Methamphetamine with Intent to Distribute. He had been in custody at FCI Terminal Island since February 14, 2019.

FCI Terminal Island is a low security facility that currently houses 1,042 male offenders in San Pedro, California.

The Bureau of Prisons will continue to provide daily updates and information on actions related to COVID-19 at www.bop.gov/coronavirus/index.jsp

Additional information about the Bureau of Prisons can be found at www.bop.gov or on Twitter @OfficialFBOP.

###

U.S. Department of Justice
Federal Bureau of Prisons

FOR IMMEDIATE RELEASE
May 27, 2020

Contact: Office of Public Affairs
202-514-6551

Inmate Death at the FCI Terminal Island

WASHINGTON, D.C.: On April 16, 2020, inmate Adrian Solarzano, tested positive for COVID-19 at the Federal Correctional Institution (FCI) Terminal Island in San Pedro, California. On May 10, 2020, in accordance with Centers for Disease Control and Prevention (CDC) guidelines, Mr. Solarzano was converted to a status of recovered following the completion of isolation and presenting with no symptoms.

On Friday, May 15, 2020, Mr. Solarzano was admitted to the local hospital, due to complaints of chest pains and anxiety. He was tested for COVID-19 by hospital staff on May 15 and 16, 2020, with negative results. Mr. Solarzano's condition continued to decline. On Sunday, May 24, 2020, Mr. Solarzano, who had long-term, pre-existing medical conditions, which the CDC lists as risk factors for developing more severe COVID-19, was pronounced dead by hospital staff.

Mr. Solarzano was a 54-year-old male who was sentenced in the Central District of California to a 293-month sentence for Racketeer Influenced and Corrupt Organizations Conspiracy, Conspiracy to Possess with Intent to Distribute and Distribute Methamphetamine, Possession With Intent to Distribute Methamphetamine and Felon in Possession of Firearm. He had been in custody at FCI Terminal Island since August 14, 2013.

FCI Terminal Island is a low security facility that currently houses 1,023 male offenders in San Pedro, California.

The Bureau of Prisons will continue to provide daily updates and information on actions related to COVID-19 at www.bop.gov/coronavirus/index.jsp.

Additional information about the Federal Bureau of Prisons can be found at www.bop.gov.

###

U.S. Department of Justice
Federal Bureau of Prisons

FOR IMMEDIATE RELEASE
April 29, 2020

Contact: Office of Public Affairs
202-514-6551

Inmate Death at FCI Terminal Island

WASHINGTON, D.C.: On Sunday, April 19, 2020, inmate Rex Damon Begay, Sr., tested positive for COVID-19 in the institution infirmary at the Federal Correctional Institution (FCI) Terminal Island, in San Pedro, California. Institution medical staff provided treatment and monitored his condition. On Monday, April 20, 2020, he was transported to a local hospital for further treatment and evaluation. While at the hospital, his condition declined and he was placed on a ventilator on Thursday, April 23, 2020. On Wednesday, April 29, 2020, Mr. Begay was pronounced dead by hospital staff.

Mr. Begay was an 80 year-old male who was sentenced in the District of Arizona to a 120-month sentence for Abusive Sexual Contact with a Minor Less Than 12 Years Old. He had been in custody at FCI Terminal Island since April 12, 2016.

FCI Terminal Island is a Low security facility that currently houses 1,053 male offenders in San Pedro, California.

The Bureau of Prisons will continue to provide daily updates and information on actions related to COVID-19 at www.bop.gov/coronavirus/index.jsp

Additional information about the Bureau of Prisons can be found at www.bop.gov.

###

U.S. Department of Justice
Federal Bureau of Prisons

FOR IMMEDIATE RELEASE
June 22, 2020

Contact: Office of Public Affairs
202-514-6551

Inmate Death at FCI Terminal Island

WASHINGTON, D.C.: On Tuesday, April 21, 2020, inmate Michael McDonald was sent to the local hospital from the Federal Correctional Institution (FCI) Terminal Island in San Pedro, California, due to having a fever, cough, and shortness of breath. While at the hospital, Mr. McDonald tested positive for COVID-19. On Saturday, May 2, 2020, he was placed on a ventilator and extubated on Monday, May 11, 2020. Mr. McDonald's condition improved and he returned to FCI Terminal Island's infirmary on Wednesday, June 10, 2020. On Monday, June 15, 2020, his condition declined and he was returned to the local hospital. On Sunday, June 21, 2020, Mr. McDonald, who had long-term, pre-existing medical conditions, which the CDC lists as risk factors for developing more severe COVID-19 disease, was pronounced dead by hospital staff.

Mr. McDonald was an 80-year-old male who was sentenced in the Eastern District of Missouri to a 174-month sentence for Engaging in Illicit Sexual Conduct in Foreign Places. He had been in custody at FCI Terminal Island since November 13, 2019.

FCI Terminal Island is a Low security facility that currently houses 981 male offenders in San Pedro, California.

The Bureau of Prisons will continue to provide daily updates and information on actions related to COVID-19 at www.bop.gov/coronavirus/index.jsp

Additional information about the Bureau of Prisons can be found at www.bop.gov.

###

U.S. Department of Justice
Federal Bureau of Prisons

FOR IMMEDIATE RELEASE
April 30, 2020

Contact: Office of Public Affairs
202-514-6551

Inmate Death at FCI Terminal Island

WASHINGTON, D.C.: On Thursday, April 23, 2020, inmate Leonard Auerbach was sent to the local hospital from the Federal Correctional Institution (FCI) Terminal Island, in San Pedro, California, for chills, fever, and other symptoms. While at the local hospital, Mr. Auerbach tested positive for COVID-19, and his condition continued to decline. On Thursday, April 30, 2020, Mr. Auerbach, who had long-term, pre-existing medical conditions which the CDC lists as risk factors for developing more severe COVID-19 disease, was pronounced dead by hospital staff.

Mr. Auerbach was a 73 year-old male who was sentenced in the Northern District of California to a 180-month sentence for Production of Child Pornography. He had been in custody at FCI Terminal Island since February 13, 2018.

FCI Terminal Island is a Low security facility that currently houses 1,051 male offenders in San Pedro, California.

The Bureau of Prisons will continue to provide daily updates and information on actions related to COVID-19 at www.bop.gov/coronavirus/index.jsp

Additional information about the Bureau of Prisons can be found at www.bop.gov.

###

U.S. Department of Justice
Federal Bureau of Prisons

FOR IMMEDIATE RELEASE
May 4, 2020

Contact: Office of Public Affairs
202-514-6551

Inmate Death at FCI Terminal Island

WASHINGTON, D.C.: On Saturday, April 25, 2020, inmate Eduardo Robles-Holguin reported to Health Services staff at the Federal Correctional Institution (FCI) Terminal Island, in San Pedro, California. He was evaluated by institution medical staff and transported to the local hospital for treatment. That same day, Mr. Robles-Holguin was placed on a ventilator and tested positive for COVID-19. On Monday, May 4, 2020, Mr. Robles-Holguin was pronounced dead by hospital staff.

Mr. Robles-Holguin was a 58-year-old male who was sentenced in the District of Utah to a 20-month sentence for Violation of Supervised Release on an original conviction of Reentry of a Previously Removed Alien. He had been in custody at FCI Terminal Island since January 14, 2020.

FCI Terminal Island is a Low security facility that currently houses 1,051 male offenders in San Pedro, California.

The Bureau of Prisons will continue to provide daily updates and information on actions related to COVID-19 at www.bop.gov/coronavirus/index.jsp

Additional information about the Bureau of Prisons can be found at www.bop.gov.

###

EXHIBIT

K

Individualized Needs Plan - Program Review (Inmate Copy)

SEQUENCE: 01572974

Dept. of Justice / Federal Bureau of Prisons

Team Date: 11-20-2020

Plan is for inmate: PARKE, CHARLES BERNARD 10211-046

Facility:	TRM TERMINAL ISLAND FCI	Proj. Rel. Date:	08-16-2027
Name:	PARKE, CHARLES BERNARD	Proj. Rel. Mthd:	GCT REL
Register No.:	10211-046	DNA Status:	RCH01883 / 11-27-2009
Age:	52		
Date of Birth:	04-25-1968		

Detainers

Detaining Agency	Remarks

NO DETAINER

Current Work Assignments

Facl	Assignment	Description	Start
TRM	A&O COMP	A&O COMPLETE	01-13-2020

Current Education Information

Facl	Assignment	Description	Start
TRM	ESL HAS	ENGLISH PROFICIENT	12-02-2009
TRM	GED HAS	COMPLETED GED OR HS DIPLOMA	12-02-2009

Education Courses

SubFacl	Action	Description	Start	Stop
SPG CAD	C	COMMERCIAL DRIVERS LICENSE ACE	02-12-2018	02-22-2018
SPG CAD	C	INTERLIBRARY LOAN CLASS	03-09-2017	03-10-2017
SPG CAD	C	RPP#2 VOC TRNG AUTO ENGINE	12-18-2015	09-30-2016
SPG CAD	C	RPP#2 ADV SMALL GAS ENGINE	12-22-2015	09-29-2016
SPG CAD	C	VT-SMALL ENGINE REPAIR	12-03-2015	02-18-2016
SPG CAD	C	BEGINNING PINOCHLE	11-09-2015	12-30-2015
SPG CAD	C	REENTRY SEMINAR TOPIC VARIES	09-16-2015	09-16-2015
RCH MS	C	JOB FAIR INFORMATION	10-29-2014	10-29-2014
RCH MS	C	BEADING	01-09-2010	03-09-2010
RCH CAD	C	PG CHARIS	02-12-2010	02-15-2010
RCH CAD	W	TYPING III - 9:30AM	01-14-2010	02-11-2010

Discipline History (Last 6 months)

Hearing Date	Prohibited Acts

*** NO INCIDENT REPORTS FOUND IN LAST 6 MONTHS ***

Current Care Assignments

Assignment	Description	Start
CARE1-MH	CARE1-MENTAL HEALTH	09-08-2010
CARE3	UNSTABLE, COMPLEX CHRONIC CARE	04-01-2015

Current Medical Duty Status Assignments

Assignment	Description	Start
C19-RCVRD	COVID-19 RECOVERED	05-18-2020
LOWER BUNK	LOWER BUNK REQUIRED	04-26-2018
NO F/S	NO FOOD SERVICE WORK	04-26-2018
NO PAPER	NO PAPER MEDICAL RECORD	06-01-2015
REG DUTY	NO MEDICAL RESTR--REGULAR DUTY	10-22-2018
SOFT SHOES	SOFT SHOES ONLY	04-26-2018

Current Drug Assignments

Assignment	Description	Start
DAP NO INT	DRUG ABUSE PROGRAM NO INTEREST	08-03-2015
ED COMP	DRUG EDUCATION COMPLETE	03-10-2011

FRP Details

Most Recent Payment Plan

Individualized Needs Plan - Program Review (Inmate Copy)

SEQUENCE: 01572974

Dept. of Justice / Federal Bureau of Prisons

Team Date: 11-20-2020

Plan is for inmate: PARKE, CHARLES BERNARD 10211-046

Most Recent Payment Plan

FRP Assignment: **COMPLT** **FINANC RESP-COMPLETED** **Start: 12-07-2010**

Inmate Decision: **AGREED** **$25.00** Frequency: **QUARTERLY**

Payments past 6 months: **$0.00** Obligation Balance: **$0.00**

Financial Obligations

No.	Type	Amount	Balance	Payable	Status
1	ASSMT	$100.00	$0.00	IMMEDIATE	COMPLETEDZ

*** NO ADJUSTMENTS MADE IN LAST 6 MONTHS ***

Payment Details

Trust Fund Deposits - Past 6 months: $338.00 Payments commensurate ? N/A

New Payment Plan: ** No data **

Progress since last review

Since last team inmate Parke has not been able to program since March 27th, when all institutional program stopped, due to the COVID-19 pandemic lockdown.

Risk Pattern: LOW RISK RECIDIVISM LEVEL

Currently A&O COMPLETE.

The unit team recommends that you enroll in some form of vocational training class and ACE classes by next team.

FRP is completed.

Next Program Review Goals

Once institutional programming resumes... Continue to participate in institutional programs.

The unit team recommends to enroll in at least one self help session through the PSYCHOLOGY or RELIGOUS SERVICES departments as needed.

Enroll in and complete at least two ACE class and any two of the RPP core courses that are offered during this period; RPP C1-C6, by next team 05/2021.

Continue to maintain clear conduct with no Incident Reports (IR) throughout your next team.

Long Term Goals

Continue to participate in at least one self help session through the PSYCHOLOGY or RELIGOUS SERVICES departments as needed through the next eighteen (18) months.

Enroll in and complete at least one ACE class, any two RPP core courses (C1-C6) that are offered during this period; and a vocational course that interest you by next team 11/2021.

Continue to maintain clear conduct with no Incident Reports (IR) through the next eighteen (18) months.

RRC/HC Placement

No.
null.
Consideration has been given for Five Factor Review (Second Chance Act):
- Facility Resources
- Offense
- Prisoner
- Court Statement
- Sentencing Commission

Comments

I/M stated Social Security card and birth certificate are maintained in a safe location at home and declined to submit for filing in the Central File.

RRC/2nd Chance Act review closer to release.

Inmate is currently being reviewed for home confinement (HC) under the CARES ACT.

Individualized Needs Plan - Program Review (Inmate Copy)

SEQUENCE: 01572974

Dept. of Justice / Federal Bureau of Prisons

Team Date: 11-20-2020

Plan is for inmate: PARKE, CHARLES BERNARD 10211-046

Name: PARKE, CHARLES BERNARD DNA Status: RCH01883 / 11-27-2009

Register No.: 10211-046

Age: 52

Date of Birth: 04-25-1968

Inmate (PARKE, CHARLES BERNARD. Register No.: 10211-046)

Date

Unit Manager / Chairperson

Case Manager

Date

Date

MALE PATTERN RISK SCORING

Register Number:	10211-046	Date:	9/23/2020
Inmate Name:	PARKE		

MALE RISK ITEM SCORING	CATEGORY	GENERAL SCORE	Enter Score	VIOLENT SCORE	Enter Score
1. Current Age	> 60	0	7	0	4
51-60	51-60	7		4	
Click on gray dropdown box to select, then click on dropdown arrow	41-50	14		8	
	30-40	21		12	
	26-29	28		16	
	< 26	35		20	
2. Walsh w/Conviction	No	0	0	0	0
No	Yes	1		0	
3. Violent Offense (PATTERN)	No	0	0	0	0
No	Yes	5		5	
4. Criminal History Points	0 - 1 Points	0	24	0	12
7 - 9 Points	2 - 3 Points	8		4	
	4 - 6 Points	16		8	
	7 - 9 Points	24		12	
	10 - 12 Points	32		16	
	> 12 Points	40		20	
5. History of Escapes	None	0	0	0	0
None	> 10 Years Minor	2		1	
	5 - 10 Years Minor	4		2	
	< 5 Years Minor/Any Serious	6		3	
6. History of Violence	None	0	0	0	0
None	> 10 Years Minor	1		1	
	> 15 Years Serious	2		2	
	5 - 10 Years Minor	3		3	
	10 - 15 Years Serious	4		4	
	< 5 Years Minor	5		5	
	5 - 10 Years Serious	6		6	
	< 5 Years Serious	7		7	
7. Education Score	Not Enrolled	0	-4	0	-2
HS Degree / GED	Enrolled in GED	-2		-1	
	HS Degree / GED	-4		-2	
8. Drug Program Status	No DAP Completed	0	-9	0	-3
No Need	NRDAP Complete	-3		-1	
	RDAP Complete	-6		-2	
	No Need	-9		-3	
9. All Incident Reports (120 months)	0	0	3	0	3
> 2	1	1		1	
	2	2		2	
	> 2	3		3	
10. Serious Incident Reports (120 months)	0	0	6	0	6
> 2	1	2		2	
	2	4		4	
	> 2	6		6	
11. Time Since Last Incident Report	12+ months or no incidents	0	0	0	0
12+ months or no incidents	7-12 months	2		1	
	3-6 months	4		2	
	<3	6		3	
12. Time Since Last Serious Incident Report	12+ months or no incidents	0	0	0	0
12+ months or no incidents	7-12 months	1		2	
	3-6 months	2		4	
	<3	3		6	
13. FRP Refuse	NO	0	0	0	0
NO	YES	1		1	
14. Programs Completed	0	0	-4	0	-2
2 - 3	1	-2		-1	
	2 - 3	-4		-2	
	4 - 10	-6		-3	
	> 10	-8		-4	
15. Work Programs	0 Programs	0	-2	0	-2
>1 Program	1 Program	-1		-1	
	>1 Program	-2		-2	
Total Score (Sum of Columns)		General:	21	Violent:	16
General/Violent Risk Levels		General:	Low	Violent:	Low
OVERALL MALE PATTERN RISK LEVEL		Low			

EXHIBIT

L.

ORIGINAL

IN THE SUPREME COURT OF THE STATE OF MONTANA

DA 18-0533

STATE OF MONTANA,

Plaintiff and Appellee,

v.

ORDER

CHARLES BERNARD PARKE,

Defendant and Appellant.

OP 18-0533

CHARLES BERNARD PARKE,

Petitioner,

v.

AND WRIT OF HABEAS CORPUS

STATE OF MONTANA,

Respondent.

Representing himself, Charles Bernard Parke filed his notice of appeal on September 10, 2018, indicating that the Butte-Silver Bow County District Court entered a final judgment on June 27, 2018, concerning his three older criminal cases. Parke seeks to appeal an Order denying his motion to set aside or vacate his sentences. Parke has since filed a one-page motion with this Court, titled, "Addendum Motion to Set Aside/Vacate Sentences" and references his three underlying criminal matters. This Court directed Parke to file an opening brief and did not address this pending motion. On February 19, 2019, Parke filed a letter stating that his Addendum was his opening brief. Upon review, this Court deems it appropriate to address Parke's claims in a petition for a writ of habeas corpus.

We have received and reviewed the District Court's electronic copies of Parke's underlying matters. In August 2003, Parke pleaded guilty to two counts of felony criminal

possession of dangerous drugs with intent to distribute in the Second Judicial District Court, Butte-Silver Bow County, State of Montana. On September 18, 2003, the District Court sentenced Parke to two concurrent, ten-year prison terms with five years suspended (hereinafter 2003 sentences).[1]

On July 29, 2008, the State of Montana filed an affidavit in support of a petition to revoke Parke's suspended sentence. The State filed the petition to revoke on August 14, 2008, and on the same day, the court issued an Order setting a hearing date. On September 11, 2008, the court held an initial hearing on the petition to revoke both 2003 sentences. From the transcript of this hearing (attached to docket item # 45, Cause No. DC-03-127), Parke appeared with counsel and denied the violations of his probationary conditions. During this hearing, the court learned that Parke had been arrested on July 24, 2008, and that on August 21, 2008, Parke's mother posted the bond of $25,000 and Parke was released from jail. Accordingly, the court continued the $25,000 bond with conditions. Importantly, the District Court also quashed "the bench warrant that is established in this case." Parke has since discharged his 2003 Montana sentences.

This Court has deduced Parke's reason why he has sought various forms of postconviction relief in the District Court and appellate review in this Court. His case registers for both 2003 sentences do not reflect what occurred in 2008 for Parke's bench warrants. While these errors in a docket sheet may appear trivial, they are not trivial when considered by federal prison officials in determining federal custody after review of prior state criminal proceedings.

The record is clear from the filings in both 2003 criminal cases. While the court's minute entry does not state that the bench warrant was quashed, a bench warrant, dated September 17, 2008, was issued and then stamped "RECALLED". Subsequently, the District Court issued a new bench warrant for Parke's arrest in both cases on October 27, 2008,

---

[1] Parke also has 1988 convictions of two counts of criminal distribution of dangerous drugs in the Second Judicial District Court (Cause No. 87-CR-080). Even though Parke discharged this sentence in 1993, Parke filed a Motion to Set Aside/Vacate Sentence in this proceeding, and the District Court's record is on file here. This Court's Order focuses on his 2003 sentences.

which was filed on November 3, 2008. The corresponding case registers do not reflect those filings. The erroneous text entries for the time frames are listed as follows:

Cause No. DC 03-73			Cause No. DC 03-127		
Doc. Seq.	**Filed**	**Text**	**Doc. Seq.**	**Filed**	**Text**
39	09/11/2008	Minute Entry	29	09/11/2008	Minute Entry
40	10/27/2008	Bench Warrant Recalled	30	10/27/2008	Bench Warrant Recalled
41	11/03/2008	Bench Warrant served 10/31/2008	31	11/03/2008	Bench Warrant served 10/31/2008 returned

The case registers should have shown that the court's initial bench warrant was quashed on September 11, 2008, and that a subsequent September 2008 bench warrant was recalled. The court issued another bench warrant on October 27, 2008, which was filed by the clerk on November 3, 2008. The entry indicating the bench warrant was recalled on October 27, 2018, is in error.

Parke contends that the inaccurate entries "are being relied on by the United States probation officer, and Federal Bureau of Prisons, to increase [Parke's] custody points for having a pending warrant during the commission of the Federal Offense." He has tried to obtain relief concerning this error over the last decade. Most recently, Parke filed a "Motion to Correct Clerical Errors" in the District Court, which was lodged on September 26, 2016, and filed on October 14, 2016. Parke moved for relief by requesting correction of items # 29 and #30 in the case register for DC-03-127.[2] Parke included a copy of the transcript for the September 11, 2008 initial hearing on the petition to revoke. Parke further requested that the District Court order the Clerk or Court Registrar "to correct the erroneous or inaccurate Case Register Report text entries, to reflect: (1) On September 11, 2008, '[Warrants] Recalled' and (2) On October 17, 2008, '[Warrants] Issued' to conform with the orders and actions of the [c]ourt."

[2] On May 1, 2009, the District Court issued an Order dismissing the criminal action in Cause No. DC-03-73, upon the State's motion. This case is included here because of the 2008 case register or docket errors.

The District Court issued an Order denying his motion to correct clerical errors on January 20, 2017. This Court subsequently denied Parke's petition for out-of-time appeal of this District Court's Order because he had discharged his Montana sentences. It is apparent that neither court recognized the true import of Parke's request for a corrected case register.

This Court refers to a case from the United States District Court for the Northern District of Illinois, not for the legal authority, but for the background and comparable remedy which Parke seeks. Walker was a petitioner in the custody of California Department of Corrections who had prior convictions of attempted murder and aggravated battery in Illinois. *Walker v. O'Leary*, Nos. 87 C 3313, 87 C 3706, 1987 U.S. Dist. LEXIS 8924, at *1-*2 (N.D. Ill. Sep. 30, 1987). He sought dismissal of an outstanding charge of escape and to quash this warrant for escape in Illinois because the reference in his prison file affected his points. The federal district court upon review determined that the state warrant was mistaken. "This court, however, cannot do anything substantive at this time to change the situation. Due to this new factual backdrop, Walker must now seek administrative and state court remedies to reverse the mistake that has occurred on the grounds that the warrant was misread by the [California Department of Corrections] and/or was improperly issued by the [Idaho Department of Corrections], before he can seek federal habeas corpus relief." *Walker*, at *9. His remedy was in the state, not federal, court.

As evidenced by Parke's requests and demonstrated in *Walker*, the remedy to correct errors concerning warrants issued in a State is with that State. Parke's remedy is within this Court but not as a direct appeal. Parke is entitled to habeas corpus relief because this writ may correct such injustice which affects an individual's incarceration or custody within a penal system. "The writ of habeas corpus is designed to correct such flaws and to remedy 'extreme malfunctions in the state criminal justice systems.'" *Lott v. State*, 2006 MT 279, ¶ 20, 334 Mont. 270, 150 P.3d 337 (citing *Jackson v. Virginia*, 443 U.S. 307, 332, 99 S. Ct. 2781, 2796 n.5 (1979) (Stevens, J., concurring)).

Since 2010, Parke has sought some relief from the error concerning his bench warrants. He most recently sought to vacate the sentences so his record could be expunged.

However, what he desires after these years is a correction to the corresponding case register reports. The District Court's records on file here allow this Court to review his underlying criminal records. In light of the foregoing,

IT IS ORDERED *sua sponte* that:

1. The appeal in Cause No. DA 18-0533, *State v. Parke*, is DISMISSED with prejudice;
2. For the purposes of providing Parke an adequate remedy, Cause No. DA 18-0533 is DEEMED an original proceeding, Cause No. OP 18-0533, captioned *Charles Bernard Parke, Petitioner, v. State of Montana, Respondent*, and his Motion to Correct Clerical Errors, docket item #45 in Cause No. DC-03-127 is DEEMED a petition for a writ of habeas corpus, along with the court records as supplemental documentation. A copy of the entire record from Cause No. DA 18-0533 shall be FILED in the original proceeding, Cause No. OP 18-0533;
3. A copy of this Order shall be filed in the appeal, Cause No. DA 18-0533, and in the original proceeding, Cause No. OP 18-0533;
4. Parke's Petition for a Writ of Habeas Corpus is GRANTED for correction of the docket sheets regarding his 2003 sentences;
5. The Clerk of Court, Butte-Silver Bow County, is DIRECTED to correct the entries in Case Nos. DC-03-73 and DC-03-127 to add the highlighted text and delete the stricken text as follows:

Cause No. DC 03-73			**Cause No. DC 03-127**		
Doc. Seq.	**Filed**	**Text**	**Doc. Seq.**	**Filed**	**Text**
39	09/11/2008	Minute Entry **Bench Warrant Quashed**	29	09/11/2008	Minute Entry
40	10/27/2008	Bench Warrant ~~Recalled~~ **ISSUED**	30	10/27/2008	Bench Warrant ~~Recalled~~ **ISSUED**
41	11/03/2008	Bench Warrant served 10/31/2008	31	11/03/2008	Bench Warrant served 10/31/2008 returned

And,

6. The Clerk of Court, Butte-Silver Bow County, shall SEND a certified corrected copy of the Case Register Reports or Register of Actions for both cause numbers to Parke and to this Court for filing in Cause No. OP 18-0353 within thirty days from the date of this Order, and that the Clerk of the Supreme Court shall not close this matter until the corrected certified copies are received and filed.

The Clerk of the Supreme Court is directed to provide a copy of this Order to the Honorable Kurt Krueger, Second Judicial District Court; to Tom Powers, Clerk of Court, Butte-Silver Bow County; to counsel of record; to MCFP Springfield, Federal Medical Center, Records Department, P.O. Box 4000, Springfield, MO 65801-4000; and to Charles Bernard Parke, #10211-046/8-2, MCFP Springfield, P.O. Box 4000, Springfield, MO 65801-4000.

DATED this 12th day of March, 2019.

Chief Justice

Justices